# 2008 LIMITED PARTNERSHIP ANNUAL REPORT
**Due By May 1, 2008**

**FILED**
**Apr 21, 2008 08:00 AM**
**Secretary of State**

DOCUMENT # A06000000121

1. Entity Name
THE FERNANDEZ MAITIN FAMILY LIMITED PARTNERSHIP

| Principal Place of Business | Mailing Address |
|---|---|
| 10705 S.W. 88TH AVENUE<br>MIAMI, FL 33176 | 10705 S.W. 88TH AVENUE<br>MIAMI, FL 33176 |

DO NOT WRITE IN THIS SPACE

01062008 No Chg-LP CR2E003 (12/06)

4. FEI Number
20-5221254
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SLOTO, JAMES R
200 S. BISCAYNE BLVD., SUITE 3000
SLOTO & ASSOCIATES, P.L.
MIAMI, FL 33131

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ U00000913679
Signature, typed or printed name of registered agent and title if applicable 05/08/08-80006-019 500.00

**FILE NOW!!! FEE IS $500.00**
**After May 1, 2008, Fee will be $900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

| | |
|---|---|
| DOCUMENT # | P06000002964 |
| NAME | THE FERNANDEZ MAITIN FAMILY CORP. |
| STREET ADDRESS | 10705 S.W. 88TH AVENUE |
| CITY-ST-ZIP | MIAMI, FL 33176 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |

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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** Ana Fernandez Maitin 4/7/08 305 279 7444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #