

2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A06000000365

FILED
May 06, 2009
Secretary of State

Entity Name: THE LEMO FAMILY LIMITED PARTNERSHIP

Current Principal Place of Business:

401 HOLIDAY DR.
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

401 HOLIDAY DR.
HALLANDALE, FL 33009

New Mailing Address:

FEI Number: 43-2099920 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DIMITRI, LEA A
888 SE THIRD AVE STE 400
FT LAUDERDALE, FL 33316 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

GENERAL PARTNER INFORMATION:

ADDRESS CHANGES ONLY:

Document #:

Name: DIMITRI, LEA S
Address: 888 SE THIRD AVE STE 400
City-St-Zip: FT LAUDERDALE, FL 33316

Address:
City-St-Zip:

Document #:

Name: SALAMA, MOISES A
Address: 401 HOLIDAY DR.
City-St-Zip: HALLANDALE, FL 33009

Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LEA S. DIMITRI

MGRM

05/06/2009

Electronic Signature of Signing General Partner

Date