



500

2008 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2008

DOCUMENT # A06000000428						FILED 08 MAY -6 AM 8:21 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
1. Entity Name ANGULO MONCADA FAMILY LIMITED PARTNERSHIP							
Principal Place of Business 2665 SOUTH BAYSHORE DRIVE, STE 703 MIAMI, FL 33133		Mailing Address 2665 SOUTH BAYSHORE DRIVE, STE 703 MIAMI, FL 33133		04292008 Chg-LP CR2E003 (12/06)			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 20-4573876			
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country	Applied For Not Applicable			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
WORLD CORPORATE SERVICES, INC 2665 SOUTH BAYSHORE DRIVE, STE 703 MIAMI, FL 33133				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City	FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>							
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				13. ADDRESS CHANGES ONLY			
DOCUMENT #	L06000030549			STREET ADDRESS			
NAME	ANGULO MONCADA GP LLC			CITY-ST-ZIP	600129445796		
STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE, STE 703				05/14/08--01015--008 **977.50		
CITY-ST-ZIP	MIAMI, FL 33133						
DOCUMENT #				STREET ADDRESS			
NAME				CITY-ST-ZIP			
STREET ADDRESS							
CITY-ST-ZIP							
DOCUMENT #				STREET ADDRESS			
NAME				CITY-ST-ZIP			
STREET ADDRESS							
CITY-ST-ZIP							
DOCUMENT #				STREET ADDRESS			
NAME				CITY-ST-ZIP			
STREET ADDRESS							
CITY-ST-ZIP							
DOCUMENT #				STREET ADDRESS			
NAME				CITY-ST-ZIP			
STREET ADDRESS							
CITY-ST-ZIP							
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: <u>Timothy D. Richards</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				4/28/08 (305) 858-9900 Date Daytime Phone #			

STAPLE CHECK HERE