


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 12, 2008

DOCUMENT # A06000000754 1. Entity Name L & M PINO INVESTMENTS, LTD.	
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Principal Place of Business 4551 PONCE DE LEON BLVD. CORAL GABLES, FL 33146	Mailing Address 4551 PONCE DE LEON BLVD. CORAL GABLES, FL 33146
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

FILED
08 MAY 20 PM 4:23
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



05162008 Chg-LP CR2E003 (12/06)

4. FEI Number APPLIED FOR	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent A&A REGISTERED AGENT, INC. 4551 PONCE DE LEON BLVD. CORAL GABLES, FL 33146	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

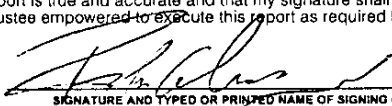
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$900.00
On or after September 12, 2008, Fee will be \$1000.00

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 # NAME STREET ADDRESS CITY-ST-ZIP	P06000078802 L & M PINO INVESTMENTS, INC. 6860 NW 75TH STREET MEDLEY, FL 33166	STREET ADDRESS CITY-ST-ZIP	
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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:  **5/5/08** **(305) 201-2110**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE