

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**

2007 APR 11 AM 9:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A06000000831

1. Entity Name  
MIBAG, LTD.



Principal Place of Business Mailing Address  
C/O ORION INVESTMENT & MANAGEMENT LTD.CORP C/O ORION INVESTMENT & MANAGEMENT LTD.CORP  
9155 S. DADELAND BLVD., SUITE 1602 9155 S. DADELAND BLVD., SUITE 1602  
MIAMI, FL 33156 MIAMI, FL 33156



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01092007 Chg-LP CR2E003 (12/06)

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALLACE, PAUL R ESQ  
HINSHAW & CULBERTSON, LLP  
9155 S. DADELAND BLVD., STE. 1600  
MIAMI, FL 33156

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

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

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, 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 # P06000085268  
NAME CRESPIE MANAGEMENT, INC.  
STREET ADDRESS C/O 9155 S. DADELAND BLVD., STE. 1602  
CITY-ST-ZIP MIAMI, FL 33156

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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000096789960  
04/13/07--01036--010 \*\*500.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/27/07 305-278-8400  
Date Daytime Phone #

STAPLE CHECK HERE