


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAR 11 PM 1:08

DOCUMENT # A06000000831	
1. Entity Name MIBAG, LTD.	

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



01182008 Chg-LP CR2E003 (12/06)

4. FEI Number APPLIED FOR	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WALLACE, PAUL R ESQ HINSHAW & CULBERTSON, LLP 9155 S. DADELAND BLVD., STE. 1600 MIAMI, FL 33156

7. Name and Address of New Registered Agent	
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 _____
Signature: typed or printed name of registered agent and title if applicable.

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 #	P06000085268	STREET ADDRESS	
NAME	CRESPINE MANAGEMENT, INC.	CITY-ST-ZIP	
STREET ADDRESS	C/O 9155 S. DADELAND BLVD., STE. 1602		
CITY-ST-ZIP	MIAMI, FL 33156		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/23/08 305-278-8400
 Date Daytime Phone #