

**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

FILED
Apr 03, 2008 08:00 AM
Secretary of State

DOCUMENT # A06000001199			
1. Entity Name THE CAYON FAMILY LIMITED PARTNERSHIP NO. 1			
Principal Place of Business 3857 W. 16TH AVE. HIALEAH FL 33012		Mailing Address 3857 W. 16TH AVE. HIALEAH FL 33012	
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
4. FEI Number 65-0739488		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GUERNICA, EDUARDO 7200 NW 19TH STREET SUITE 301 MIAMI FL 33012		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 one of applicants)			
FILE NOW!!! Fee is \$500. *** After May 1, 2008, fee will be \$900. *** Make check payable to Florida Department of State.			
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	P06000130200 CAYON FAMILY HOLDINGS, INC. 3857 W. 16TH AVE. HIALEAH FL 33012	STREET ADDRESS CITY-ST-ZIP	1000000879763 04/15/08-80035-004 500.00
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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