

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**DOCUMENT # A06000001210**

1. Entity Name  
**L & J ZABALA FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP**



Principal Place of Business  
**11215 SW 30 STREET**  
**MIAMI, FL 33165**

Mailing Address  
**11215 SW 30 STREET**  
**MIAMI, FL 33165**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01042008 Chg-LP CR2E003 (12/06)

4. FEI Number **205724621**  
**APPLIED FOR**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**RARICK, PHILLIP B**  
**6500 COWPEN ROAD**  
**204**  
**MIAMI LAKES, FL 33014**

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 #		STREET ADDRESS	
NAME	<b>ZABALA, LUIS J</b>	CITY-ST-ZIP	<b>700114429887</b> <b>01/08/08--01039--006 **500.00</b>
STREET ADDRESS	<b>11215 SW 30 STREET</b>		
CITY-ST-ZIP	<b>MIAMI, FL 33165</b>		
DOCUMENT #		STREET ADDRESS	
NAME	<b>ZABALA, MARIA L</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>11215 SW 30 STREET</b>		
CITY-ST-ZIP	<b>MIAMI, FL 33165</b>		
DOCUMENT #		STREET ADDRESS	
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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:** Luis Zabala **LUIS ZABALA** **1/4/08** **305-552-6157**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

**FILED**

**08 JAN 11 PM 2:32**

**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

