

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Jan 17, 2008 08:00 AM
Secretary of State

DOCUMENT # A06000001411

1. Entity Name
JMSS FAMILY LIMITED LIABILITY LIMITED PARTNERHIP



Principal Place of Business
**1005 BELLE MEADE ISLAND
MIAMI, FL 33138**

Mailing Address
**1005 BELLE MEADE ISLAND
MIAMI, FL 33138**



01042008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5989127

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
SUITE 204
MIAMI LAKES, FL 33014**

**DO NOT WRITE
IN THIS SPACE**

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.

000000788178
01/18/08-80030-002 500.00
DATE

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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**ALVAREZ, VIVIAN P
1005 BELLE MEADE ISLAND
MIAMI, FL 33138**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**ALVAREZ, SANTIAGO J
7631 SW 59TH AVENUE
MIAMI, FL 33143**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**GARCIA, VIVIAN P
955 EAST 71 STREET
MIAMI, FL 33138**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

Vivian Alvarez **VIVIAN ALVAREZ** **1-14-08** **305-756-6115**

STAPLE CHECK HERE