


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # A07000000299	
1. Entity Name CTC & STC FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP	

Principal Place of Business 13380 NW 104 AVENUE HIALEAH GARDENS, FL 33018 US	Mailing Address 13380 NW 104 AVENUE HIALEAH GARDENS, FL 33018 US
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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



01282008 Chg-LP CR2E003 (12/06)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RARICK, PHILLIP B 6500 COWPEN ROAD SUITE 204 MIAMI LAKES, FL 33014		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 #	NAME	STREET ADDRESS	000000913112
STREET ADDRESS	TERESA-CALLEJA, SERGIO	CITY-ST-ZIP	05/08/08 00000 000 500.00
CITY-ST-ZIP	13380 NW 104 AVENUE HIALEAH GARDENS, FL 33018		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	TERESA-CALLEJA, OLGA L	CITY-ST-ZIP	
CITY-ST-ZIP	13380 NW 104 AVENUE HIALEAH GARDENS, FL 33018		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	TERESA-CALLEJA, JUAN IGNACIO	CITY-ST-ZIP	
CITY-ST-ZIP	2210 W 74 ST, UNIT 201 HIALEAH, FL 33018		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CAYON, JORGE	CITY-ST-ZIP	
CITY-ST-ZIP	10154 NW 128 TERRACE HIALEAH GARDENS, FL 33018		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/29/08

Daytime Phone #

STAPLE CHECK HERE