


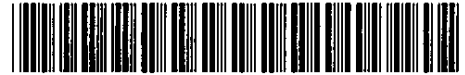
**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

DOCUMENT # A07000000661 1. Entity Name S&N BRAVO INVESTMENTS, LP	
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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 APR 14 AM 8:15

Principal Place of Business 11695 S.W. 153 AVENUE MIAMI FL 33070	Mailing Address 11695 S.W. 153 AVENUE MIAMI FL 33070
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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

1st MOORE CR2E003 (10/07)

6. Name and Address of Current Registered Agent CATARINEAU, JOE A 91760 OVERSEAS HIGHWAY TAVERNIER FL 33070	
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4. FEI Number 26-0310529	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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

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	
NAME	BRAVO, SIMON	CITY-ST-ZIP	
STREET ADDRESS	11695 S.W. 153 AVENUE		
CITY-ST-ZIP	MIAMI FL 33070		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	BRAVO, NURY	CITY-ST-ZIP	
STREET ADDRESS	11695 S.W. 153 AVENUE		
CITY-ST-ZIP	MIAMI FL 33070		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

600123071246
04/11/08--01048--006 **500.00

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: <i>Simon Bravo</i> <i>Nury Bravo</i> 3/17/08 305 3806206	DATE	DAYTIME PHONE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		

STAPLE CHECK HERE