

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 15 PM 12:16

DOCUMENT # A07000001213					
1. Entity Name ALVAREZ RODRIGUEZ-FONTS, LLLP.					
Principal Place of Business 169 EAST FLAGLER STREET 1200 MIAMI, FL 33131			Mailing Address 169 EAST FLAGLER STREET 1200 MIAMI, FL 33131		
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 26-1304677			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SHAPIRO, SCOTT A 1817 MICANOPY AVENUE MIAMI, FL 33133			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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 #	P04000051842		STREET ADDRESS		
NAME	MARITZA ALVAREZ, P.A.		CITY-ST-ZIP		
STREET ADDRESS	169 EAST FLAGLER STREET SUITE 1200			300123498189	
CITY-ST-ZIP	MIAMI, FL 33131			04/15/08--01009--007 **500.00	
DOCUMENT #	P07000080780		STREET ADDRESS		
NAME	OSCAR M. RODRIGUEZ-FONTS, P.A.		CITY-ST-ZIP		
STREET ADDRESS	169 EAST FLAGLER STREET, SUITE 1200				
CITY-ST-ZIP	MIAMI, FL 33131				
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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: 			04/01/08 (305) 379-4301		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE

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