

# **2010 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A08000000674

**FILED**  
**Apr 12, 2010**  
**Secretary of State**

**Entity Name:** CMG FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

255 UNIVERSITY DRIVE  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

255 UNIVERSITY DRIVE  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 26-3002848

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JONATHAN H. GREEN & ASSOCIATES, P.A.  
799 BRICKELL PLAZA, SUITE 700  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: L08000068057  
Name: CMG FAMILY MANAGEMENT, LLC  
Address: 255 UNIVERSITY DRIVE  
City-St-Zip: CORAL GABLES, FL 33134

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: CMG FAMILY MANAGEMENT, LLC

GP

04/12/2010

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date