

# 2012 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A10000000124

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Entity Name:** MFSS FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

355 ALHAMBRA CIR  
STE 801  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

355 ALHAMBRA CIRCLE  
STE 801  
CORAL GABLES, FL 33134

**Current Mailing Address:**

355 ALHAMBRA CIR  
STE 801  
CORAL GABLES, FL 33134

**New Mailing Address:**

355 ALHAMBRA CIRCLE  
STE 801  
CORAL GABLES, FL 33134

**FEI Number:** 27-2831720

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

REGISTERED AGENT CORPORATE SERVICES, INC.  
355 ALHAMBRA CIR  
STE 801  
CORAL GABLES, FL 33134 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 #: P10000016438  
Name: MFSS CORPORATION  
Address: 355 ALHAMBRA CIR - STE 801  
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: JUAN E. SERALLES, VP MFSS CORPORATION

GP

04/24/2012

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

\_\_\_\_\_  
Date