


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

DOCUMENT # A28934		
1. Entity Name AA/MIAMI GROUP, LTD.		

FILED
08 FEB -8 PM 2:32

SECRETARY OF STATE
FLORIDA



Principal Place of Business 6600 S.W. 57TH AVE. MIAMI FL 33134	Mailing Address 6600 S.W. 57TH AVE. MIAMI FL 33134
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2. Principal Place of Business - No P.O. Box # 1320 S. DIXIE HIGHWAY Suite, Apt. #, etc. SUITE 241 City & State CORAL GABLES, FL. Zip 33146 Country USA	3. Mailing Address 1320 S. DIXIE HIGHWAY Suite, Apt. #, etc. SUITE 241 City & State CORAL GABLES, FL. Zip 33146 Country USA
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1st MOORE CR2E003 (10/07)

4. FEI Number 65-0146583	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRYER, WARREN 6600 S.W. 57TH AVE. SUITE 200 MIAMI FL 33143	
7. Name and Address of New Registered Agent Name WARREN BRYER Street Address (P.O. Box Number is Not Acceptable) 1320 S. DIXIE HIGHWAY SUITE 241 City CORAL GABLES FL Zip Code 33146	

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 
Signature, typed or printed name of registered agent and date of application.

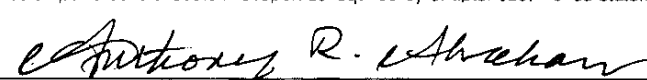
01/24/2008
DATE

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 CITY-ST-ZIP	V58487 ABRAHAM/MIAMI, INC. 6600 SW 57TH AVE. MIAMI FL 33134	STREET ADDRESS CITY-ST-ZIP	1320 S. DIXIE HIGHWAY - #241 CORAL GABLES, FL. 33146
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	300118151043
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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

01/31/2008 305-665-2222
Date Daytime Phone

STAPLE CHECK HERE