

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

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 APR 25 PM 12:13

**DOCUMENT # A29058**

1. Entity Name  
 MINILIK PARTNERS, LTD.



Principal Place of Business  
 5728 MAJOR BLVD., STE. 601  
 ORLANDO, FL 32819

Mailing Address  
 5728 MAJOR BLVD., STE. 601  
 ORLANDO, FL 32819



2. Principal Place of Business - No P.O. Box #  
 7932 W. Sand Lake Rd.

3. Mailing Address  
 7932 W. Sand Lake Rd.

Suite, Apt., etc.  
 Suite 300

Suite, Apt., etc.  
 Suite 300

03112008 Chg-LP CR2E003 (12/06)

City & State  
 Orlando, FL

City & State  
 Orlando, FL

4. FEI Number  
 59-2984896

Applied For  
 Not Applicable

Zip  
 32819

Country

Zip  
 32819

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

KHATIB, RASHID A  
 5728 MAJOR BLVD., STE. 601  
 ORLANDO, FL 32819

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

7932 W. Sand Lake Rd. Ste 300  
 Orlando, FL 32819

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

Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, Fee will be \$900.00**

DATE  
 900125531763  
 04/24/08--01035--023 \*\*\$500.00

**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 # L20661  
 NAME MINILIK REMP, INC.  
 STREET ADDRESS 5728 MAJOR BLVD., STE. 601  
 CITY-ST-ZIP ORLANDO, FL 32819

STREET ADDRESS  
 CITY-ST-ZIP 7932 W. Sand Lake Rd. Ste 300  
 Orlando, FL 32819

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE