

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # A29919

1. Entity Name
MARIE PARTNERS, LTD.



Principal Place of Business

**CARR 64 #3060
MAYAGUEZ, PR 00680**

Mailing Address

**P.O. BOX 3006
MAYAGUEZ, PR 00681 XX**



04282008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0177670

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ARROYO, NANCY M
% SOLMS & ASSOCIATES, LLC
9100 S. DADELAND BLVD., SUITE 1602
MIAMI, FL 33156**

**DO NOT WRITE
IN THIS SPACE**

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.

DATE

**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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**FERNANDO L. SUMAZA
CARRETERA 64 EDIFICIO 3060
MAYAGUEZ, PR 00680**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIANA SANTOS DE SUMAZA
CARRETERA 64 EDIFICIO 3060
MAYAGUEZ, PR 00680**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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05/22/08-80091-011 508.75

STAPLE CHECK HERE

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 #

04/28/08 787-831-6025