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

DO NOT WRITE IN THIS SPACE

## DOCUMENT # A33096 1. Entity Name NILODAMO, LTD.



FILED Mar 14, 2008 08:00 A Secretary of State

Principal Place of Business

1680 N.W. 96TH AVENUE MIAMI, FL 33172

Mailing Address

1680 N.W. 96TH AVENUE MIAMI, FL 33172



02262008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-0461462

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ACOSTA, AMADO J 1680 N.W. 96TH AVENUE MIAMI, FL 33172

## DO NOT WRITE IN THIS SPACE

8. The abb the oblig	ve named entity submits this statement for the purpose of changing its registered office or regisations of registered agent.	istered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURI	E	
	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 REC NOTE: General Partners MAY NOT be changed on the form; an amendr	SISTERED AND ACTIVE WITH THIS OFFICE. nent must be filed to change a general partner.
12.	GENERAL PARTNER INFORMATION	
DOCUMENT 4	V/45276	• • • • • • • • • • • • • • • • • • •

	12.	GENERAL FARTNER INFORMATION
	DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	V45376 JULIL, INC. 1680 N.W. 96TH AVE. MIAMI, FL
	DOCUMENT # NAME STREET ADDRESS CITY-SY-ZIP	
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
	DOCUMENT #	

000000858888 04/01/08-80061-024,500:00

## DO NOT WRITE IN THIS SPACE

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 THE

NAME STREET ADDRESS CITY-ST-ZIP

MIGNATURE AND TYPED OR DRINTED NAME OF SIGNING GENERAL PARTIE

DO J. HEO STA

3/3/08 477

971-1101 X 21