


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # A940000Q0197 1. Entity Name MAROMAL FAMILY PARTNERSHIP, LTD.	
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Principal Place of Business 3155 N. 39TH ST. HOLLYWOOD, FL 33021	Mailing Address 2514 HOLLYWOOD BLVD #508 HOLLYWOOD, FL 33020
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01102008 Chg-LP CR2E003 (12/06)

6. Name and Address of Current Registered Agent JEWETT, CHARLES E 2514 HOLLYWOOD BLVD #508 HOLLYWOOD, FL 33020		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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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 _____ DATE _____
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

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 #	P94000011821	STREET ADDRESS	
NAME	MAROMAL FAMILY HOLDINGS, INC.	CITY-ST-ZIP	
STREET ADDRESS	3155 N. 39TH STREET		
CITY-ST-ZIP	HOLLYWOOD, FL 33021		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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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

Date

Daytime Phone #

1/28/08

STAPLE CHECK HERE

SIGN & DATE