

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 11 AM 11:32



DOCUMENT # A94000001475

1. Entity Name
 M.C.H. MEDICAL CENTER LTD.

Principal Place of Business
 777 BRICKELL AVENUE, SUITE 1390
 MIAMI, FL 33131

Mailing Address
 777 BRICKELL AVENUE, SUITE 1390
 MIAMI, FL 33131



2. Principal Place of Business (No P.O. Box #)
 777 Brickell Ave
 Suite 1010

3. Mailing Address
 777 Brickell Ave
 Suite 1010

03132008 Chg-LP CR2E003 (12/06)

City & State
 Miami FL

City & State
 Miami FL

4. FEI Number
 65-0539980 Applied For
 Not Applicable

Zip 33131 Country USA

Zip 33131 Country USA

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

6. Name and Address of Current Registered Agent
 FABRE, FRANK R. S.
 717 PONCE DE LEON BLVD., SUITE 234
 CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City 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 _____ 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

DOCUMENT # J17255
 NAME M.C.H. PROPERTIES, INC.
 STREET ADDRESS 777 BRICKELL AVENUE, SUITE 1010
 CITY-ST-ZIP MIAMI, FL 33131

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS 700123021407
 CITY-ST-ZIP 04/11/08--01020--001 **506.75

STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

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 03/25/08 (305) 881-8790
 Daytime Phone #

STAPLE CHECK HERE