

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A95000000456

**FILED**  
**Apr 13, 2009**  
**Secretary of State**

**Entity Name:** THE OCON FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

4308 UNIVERSITY DRIVE  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

**Current Mailing Address:**

4308 UNIVERSITY DRIVE  
CORAL GABLES, FL 33146

**New Mailing Address:**

**FEI Number:** 65-0571094

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CASTILLO, ALVARO ESQUIRE  
1533 SUNSET DRIVE, SUITE 201  
CORAL GABLES, FL 33143 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: P95000022325  
Name: THE OCON FAMILY CORPORATION  
Address: 4308 UNIVERSITY DRIVE  
City-St-Zip: CORAL GABLES, FL 33146

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: THE OCON FAMILY CORP

DP

04/13/2009

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date