

# **2008 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A95000001152

**FILED**  
**Feb 07, 2008**  
**Secretary of State**

**Entity Name:** ANGEL C. SAQUI, FAIA, ARCHITECTS, PLANNERS, INTERIORS, LTD.

**Current Principal Place of Business:**

250 BIRD ROAD  
SUITE 308  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

**Current Mailing Address:**

250 BIRD ROAD  
SUITE 308  
CORAL GABLES, FL 33146

**New Mailing Address:**

**FEI Number:** 59-1374675

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SAQUI, ANGEL C  
1240 NE 81 TERRACE  
MIAMI, FL 33138 US

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

SAQUI, ANGEL C RA  
1240 NE 81 TERRACE  
MIAMI, FL 33138 US

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: ANGEL C SAQUI

02/07/2008

Electronic Signature of Registered Agent

Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: SAQUI, ANGEL C  
Address: 1240 NE 81 TERRACE  
City-St-Zip: MIAMI, FL 33138

Document #:

Name: SAQUI, ANGEL C II  
Address: 13841 SW 34 ST.  
City-St-Zip: MIAMI, FL 33175

Document #:

Name: SAQUI, ROSARIO C  
Address: 1240 NE 81 TERRACE  
City-St-Zip: MIAMI, FL 33138

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Address:  
City-St-Zip:

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: ANGEL C SAQUI

RA

02/07/2008

Electronic Signature of Signing General Partner

Date