


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # A95000001426	
1. Entity Name MACHADO FAMILY LIMITED PARTNERSHIP	

Principal Place of Business 4800 RIVIERA DRIVE CORAL GABLES FL 33146	Mailing Address 4800 RIVIERA DRIVE CORAL GABLES FL 33146
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/05)

4. FEI Number 65-0618670 ☐ Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LAVIMAC, INC. 4800 RIVIERA DRIVE CORAL GABLES FL 33146		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 date if applicable

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

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 #	M60709	STREET ADDRESS	U000000488000
NAME	LAVIMAC, INC.	CITY-ST-ZIP	04/14/06-80015-014 500.00
STREET ADDRESS	4800 RIVIERA DRIVE		
CITY-ST-ZIP	CORAL GABLES FL 33146		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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: *LAVIMAC, INC. EMILIA C. MACHADO*
Emilia C. Machado, Pres. 3/28/06 305 666 0645

STAPLE CHECK HERE