²2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DOCUMENT # A9600000538

1. Entity Name

THE VANESA CUETO SAINZ FAMILY LIMITED PARTNERSHIP



Principal Place of Business

6400 S.W. 92ND STREET

MIAMI, FL 33156

Mailing Address

6400 S.W. 92ND STREET MIAMI, FL 33156

FILED Apr 06, 2007 08:00 A Secretary of State



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04022007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-0649781 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

GARCIA-VIDAL, RAOUL ONE ALHAMBRA PLAZA, SUITE 1450 CORAL GABLES. FL 33134

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	named entity submits this statement for the purpose of changing its re- ions of registered agent.	istered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE		
	Signature, typed or printed name of registered agent and title if applicable	DATE
	FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.0	# 18 7 7 21 7 WEIGH 2 SELECT 3 GENERAL SELECT 3 GENE
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 #		
NAME	CUETO SAINZ, VANESA	
STREET ADDRESS	6400 S.W. 92ND STREET	
CITY-ST-ZIP	MIAMI, FL 33156	,

CITY-SI-ZIP MIAMI, FL 33156 DOCUMENT / NAME STREET ADDRESS CITY-SI-ZIP DOCUMENT / NAME STREET ADDRESS CITY-SI-ZIP DOCUMENT / NAME STREET ADDRESS CITY-SI-ZIP DOCUMENT / NAME STREET ADDRESS CITY-SI-ZIP

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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:

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-9-07

Daytime Phone #