


**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

FILED
Apr 02, 2008 08:00 AM
Secretary of State

DOCUMENT # A9600000985	
1. Entity Name NAOMI FAMILY PARTNERSHIP, LTD.	

Principal Place of Business 4600 N.W. 15TH CT. MIAMI FL 33142-4117	Mailing Address 1098 NE 95TH STREET MIAMI SHORES FL 33138
--	---



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
--	--	---------	---------

1st MOORE CR2E003 (10/07)

6. Name and Address of Current Registered Agent ADAMS, NAOMI A 4600 N.W. 15TH CT. MIAMI FL 33142-4117		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
--	--	---	--

4. FEI Number 65-0660008	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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. * After May 1, 2008, 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 # NAME STREET ADDRESS CITY-ST-ZIP	P96000041844 NAOMI, INC. 4600 N.W. 15TH COURT MIAMI FL 33142-4117	STREET ADDRESS CITY-ST-ZIP	U000000378881 04/14/08-80074-001 500.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	

STAPLE CHECK HERE

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: Naomi A. Adams - NAOMI A. ADAMS 4-1-08 305-756-7524
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date: Daytime Phone #