

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 22, 2008 08:00 AM
Secretary of State

DOCUMENT # A96000001198

1. Entity Name
GRAU FAMILY LIMITED PARTNERSHIP



Principal Place of Business
**2665 SOUTH BAYSHORE DRIVE
SUITE 703
MIAMI, FL 33133**

Mailing Address
**2665 SOUTH BAYSHORE DRIVE
SUITE 703
MIAMI, FL 33133**



02062008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

98-0161520

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WORLD CORPORATE SERVICES, INC.
2665 S. BAYSHORE DR., SUITE #703
MIAMI, FL 33133**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

DATE _____

**FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00**

**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 **GRAU, JUAN**
STREET ADDRESS **HUERTA NO. 1, COLONIA LA VIRGEN**
CITY-ST-ZIP **ESTADO DE MEXICO, MEXICO,**

DOCUMENT #
NAME **GRAU, ELENA**
STREET ADDRESS **HUERTA NO. 1, COLONIA LA VIRGEN**
CITY-ST-ZIP **ESTADO DE MEXICO, MEXICO,**

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NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

U00000914550
05/08/08-80059-014 1910.00

**DO NOT WRITE
IN THIS SPACE**

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.

Juan Grau

2/7/08

(305) 858-9900

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE