

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 14, 2007**

**FILED**  
**Aug 23, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # A96000001377

1. Entity Name  
CENTRAL FARMS, LTD.



Principal Place of Business  
2320 N.W. 147TH STREET  
MIAMI, FL 33054

Mailing Address  
2320 N.W. 147TH STREET  
MIAMI, FL 33054



07052007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0680930

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DORMOY, ERIC  
2320 N.W. 147TH STREET  
MIAMI, FL 33054

**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**  
**Due by September 14, 2007**

In accordance with s. 607.193(2)(b), F.S.,  
the limited partnership did not receive the  
prior notice.

**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 # 577794  
NAME MAS INVESTMENTS, INC.  
STREET ADDRESS 2320 N.W. 147TH STREET  
CITY-ST-ZIP MIAMI, FL 33054

DOCUMENT #  
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CITY-ST-ZIP

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CITY-ST-ZIP

U00000772658  
08/23/07-80004-002 500.00

**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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE