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

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SIGNATURE:

## Mar 20, 2006 08:00 AM DOCUMENT # A96000002044 Secretary of State 1. Entity Name THE M.M.V. FAMILY LIMITED PARTNERSHIP Principal Place of Business Mailing Address 3250 S. DIXIE HIGHWAY MIAMI FL 33133 3250 S. DIXIE HIGHWAY MIAMI FL 33133 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E003 (10/05) City & State 4. FEI Number City & State Applied For 65-0628400 Not Applica Zip Country Zìo Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROSENTHAL, VLADIMIR 3250 S. DIXIE HIGHWAY Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33133** Zio Code City 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 ponted name of registered agent and rifle 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 ADDRESS CHANGES ONLY 13. DOCUMENT # P99000074618 STREET ADDRESS NAME MIAMI-DADE HOLDINGS CORPORATION STREET ADDRESS 80 PALM AVENUE, PALM ISLAND CITY-ST-ZIP CHY-SI-7P MIAMI BEACH FL 33139 DOCUMENT # STREET ADDRESS U00000475**9**03 NAME <del>04/05/06-90036-00</del>5 500.00 STREET ADDRESS CITY - ST- 7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-70P DOCUMENT # STREET ACCRESS NAME STREET ADDRESS City-St-769 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS City-St-70 CITY-ST-ZIC DOCUMENT # STREET ADDRESS NARAF STREET ADDRESS CITY-ST-ZIP 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 informatic 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

ell-Rose Hal 2/101 35-44/0700

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