


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

**FILED**  
**Apr 03, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A96000002044</b>			
1. Entity Name <b>THE M.M.V. FAMILY LIMITED PARTNERSHIP</b>			
Principal Place of Business <b>3250 S. DIXIE HIGHWAY MIAMI FL 33133</b>		Mailing Address <b>3250 S. DIXIE HIGHWAY MIAMI FL 33133</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  <b>ROSENTHAL, VLADIMIR 3250 S. DIXIE HIGHWAY MIAMI FL 33133</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Numbers Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and new if applicable</small>			



1st MOORE CR2E003 (10/07)

4. FEI Number **65-0628400**  
Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**


**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	<b>P99000074618 MIAMI-DADE HOLDINGS CORPORATION 80 PALM AVENUE, PALM ISLAND MIAMI BEACH FL 33139</b>	STREET ADDRESS CITY-ST-ZIP	<b>000000879142 04/15/08-80008-018 500.00</b>
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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:**  **4/1/08** **385-441-0304**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date (Working Phone #)