


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

FILED
Mar 20, 2006 08:00 AM
Secretary of State

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| DOCUMENT # A96000002045 1. Entity Name THE V.M.M. FAMILY LIMITED PARTNERSHIP |  |
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|---|---|
| Principal Place of Business 3250 S. DIXIE HIGHWAY MIAMI FL 33133 | Mailing Address 3250 S. DIXIE HIGHWAY MIAMI FL 33133 |
|---|---|



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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

1st MOORE CR2E003 (10/05)

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|------------------------------------|---|
| 4. FEI Number 65-0628398 | Applied For <input type="checkbox"/> Not Applied |
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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| 6. Name and Address of Current Registered Agent ROSENTHAL, VLADIMIR 3250 S. DIXIE HIGHWAY MIAMI FL 33133 |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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, 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 | | 13. ADDRESS CHANGES ONLY | |
|---|--|-------------------------------|---|
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | P99000074618 MIAMI-DADE HOLDINGS CORPORATION 80 PALM AVENUE, PALM ISLAND MIAMI BEACH FL 33139 | STREET ADDRESS CITY-ST-ZIP | U00000475902 04/05/06 00036 004 500.00 |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS CITY-ST-ZIP | |
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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: *Vladimir Rosenthal* 2/10/06 325-8410302