

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # A96000002521

1. Entity Name
D.R. FAMILY LIMITED PARTNERSHIP, LTD.



Principal Place of Business
**3510 CORAL WAY, SUITE 200
MIAMI, FL 33145**

Mailing Address
**3510 CORAL WAY, SUITE 200
MIAMI, FL 33145**



03222008 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0756886

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RESTREPO, PEDRO LUIS
3510 CORAL WAY, SUITE 200
MIAMI, FL 33145**

**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, 2006, 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
STREET ADDRESS
CITY-ST-ZIP
**RESTREPO, DARIO
3510 CORAL WAY, SUITE 200
MIAMI, FL 33145**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**RESTREPO, MARIA CRISTINA
3510 CORAL WAY, SUITE 200
MIAMI, FL 33145**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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DOCUMENT #
NAME
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CITY-ST-ZIP

U000000500961
04/25/06-80041-023 500.00

**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

Dario Restrepo April 7, 2006 (305) 445-9555

Date

Daytime Phone #

STAPLE CHECK HERE