2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DOCUMENT # A96000002522

1. Entity Name

P.L.R. FAMILY LIMITED PARTNERSHIP, LTD.



FILED Apr 11, 2007 08:00 A Secretary of State

Principal Place of Business 3510 CORAL WAY, SUITE 200 MIAMI, FL. 33145 Mailing Address

3510 CORAL WAY, SUITE 200 MIAMI, FL 33145



DO NOT WRITE IN THIS SPACE

01032007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-0756862 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RESTREPO, DARIO 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

-- U00000701070 04/20/07-80041-014 500.00

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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

NOTE. General Parties MAT NOT be changed on the It		
12.	GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	RESTREPO, PEDRO LUIS 3510 CORAL WAY, SUITE 200 MIAMI, FL 33145	12 4 X X X X X X X X X X X X X X X X X X
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DOCUMENT# NAME		

DO NOT WRITE
IN THIS SPACE

14. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS City-St-ZIP

Redro Luis Restrepo

04/09/07

(305) 445-9559

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Devivoe Phone #