2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DO NOT WRITE IN THIS SPACE

DOCUMENT # A97000000691

R.R.U. FAMILY LIMITED PARTNERSHIP, LTD.



FILED Apr 16, 2007 08:00 AM 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



01032007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-0800293

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

RESTREPO, DARIO 3510 CORAL WAY, SUITE 200 MIAMI, FL 33145

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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

STREET ADDRESS CITY-ST-ZIP

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

Signature, typed or printed name of registered agent and title if applicable.

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

12.	GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	RESTREPO, ROCIO 3510 CORAL WAY, SUITE 200 MIAMI, FL 33145	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	ARCILA, JAIME A 3510 CORAL WAY, SUITE 200 MIAMI, FL 33145	
DOCUMENT# NAME		

: U00000712802 04/26/07-80051-007.500.00

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14. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutas. 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 SIGN

Rocio Restrepo

04/10/07

(305) 445-9555