

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Mar 29, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A97000000757**

1. Entity Name  
**THE RAMON MIYAR FAMILY LIMITED PARTNERSHIP**



Principal Place of Business  
**2655 LE JEUNE ROAD, #1015  
CORAL GABLES, FL 33134**

Mailing Address  
**2655 LE JEUNE ROAD, #1015  
CORAL GABLES, FL 33134**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052004 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number

**65-0752671**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GARCIA, EILEEN  
2588 SW 27 AVENUE  
MIAMI, FL 33133-2143**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

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

DATE

9. Capital Contributions  
as Shown on record. **\$372,446.99**

10. Amount of Capital Contributions  
in FLORIDA to date.

**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  
**MIYAR, RAMON  
12042 S.W. 10TH TERRACE  
MIAMI, FL 33184**

STREET ADDRESS  
CITY-ST-ZIP  
**000000104563  
04/06/04-80011-813-526-25**

DOCUMENT #  
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STREET ADDRESS  
CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

*Ramon Miyar* **Ramon Miyar, General Partner**

**03/26/2004**

**(305)  
303-2320**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Day/Time Phone #

STAPLE CHECK HERE