


**2006 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2006**

<b>DOCUMENT # A97000000757</b>		
1. Entity Name <b>THE RAMON MIYAR FAMILY LIMITED PARTNERSHIP</b>		

SECRET  
DIVISION  
06 FEB -8 AM 9:28

Principal Place of Business 2655 LE JEUNE ROAD, #1015 CORAL GABLES, FL 33134	Mailing Address 2655 LE JEUNE ROAD, #1015 CORAL GABLES, FL 33134
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2. Principal Place of Business <b>12042 SW 10 TERRACE</b>	3. Mailing Address <b>12042 SW 10 TERRACE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



02042006 Chg-LP CR2E003 (11/05)

City & State <b>MIAMI FL</b>	City & State <b>MIAMI FL</b>	4. FEI Number <b>65-0752671</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33184</b>	Country <b>USA</b>	Zip <b>33184</b>	Country <b>USA</b>

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>MORENO-MIYAR, PILAR</b> <b>12042 SW 10 TERRACE</b> <b>MIAMI, FL 33184</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>MIYAR, RAMON</b> <b>12042 S.W. 10TH TERRACE</b> <b>MIAMI, FL 33184</b>	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	<b>000066794350</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	<b>02/28/06--01014--023 **508.75</b>
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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:** Ramon Miyar **RAMON MIYAR GENERAL PARTNER** 02/06/06 **(305) 554-5583**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #