ITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DO NOT WRITE IN THIS SPACE

OCUMENT # A9700001968

THE POSADA FAMILY LIMITED PARTNERSHIP



FILED Feb 26, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

589 S. ESPLANADE DR. MIAMI SPRINGS, FL

589 S. ESPLANADE DR. MIAMI SPRINGS, FL



01262007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-0791213 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POSADA, RAFAEL 589 S. ESPLANADE DR MIAMI SPRINGS, FL

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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. 1 am familiar with, and accept the obligations of registered agent.		
SIGNATURE Signature, lyped or printed name of registered agent and bits it applicable. DATE		
.	Signature, typed or protest resine or registered agent and the it applicable.	
	FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$90	0.00
		ITITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. he form; an amendment must be filed to change a general partner.
12.	GENERAL PARTNER INFORMATION	
DOCUMENT #		
NAME	POSADA, RAFAEL	
STREET ADDRESS	589 S. ESPLANADE DR	
CITY-ST-ZIP	MIAMI SPRINGS, FL	- U00000649543
DOCUMENT #		.03/07/07-80053-014 500.00
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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:

NAME STREET ADDRESS CITY-ST-ZIP