2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 04, 2008 08:00 A
Secretary of State

DOCUMENT # A97000001968

1. Entity Name
THE POSADA FAMILY LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
589 S. ESPLANADE DR. MIAMI SPRINGS, FL	589 S. ESPLANADE DR. MIAMI SPRINGS, FL

DO NOT WRITE IN THIS SPACE

04022008 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

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 _____ U00000881967
Signature, typed or printed name of registered agent and title if applicable 04/16/08-80021-027 500.00
DATE

FILE NOW!!! FEE IS $500.00
After May 1, 2008, 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	POSADA, RAFAEL
STREET ADDRESS	589 S. ESPLANADE DR
CITY-ST-ZIP	MIAMI SPRINGS, FL
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Rafael Posada Rafael Posada 4/2/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #