


**2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008**

**FILED
Apr 28, 2008 08:00 AM
Secretary of State**

DOCUMENT # A97000002041 1. Entry Name CASTRO COMMERCIAL REAL ESTATE FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 231 S. BREVARD ARCADIA, FL 34266	Mailing Address C/O ANDREW AMES 128 WEST OAK STREET ARCADIA, FL 34266
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DO NOT WRITE IN THIS SPACE



01212008 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-3476414	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CASTRO, MARIA E
231 SOUTH BREVARD AVENUE
ARCADIA, FL 33821**

**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 _____ DATE 04-23-08

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

**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 #	CASTRO, MARIA E
NAME	231 S. BREVARD
STREET ADDRESS	ARCADIA, FL 34266
CITY ST ZIP	
DOCUMENT #	CASTRO, JOSE A SR.
NAME	231 S. BREVARD
STREET ADDRESS	ARCADIA, FL 34266
CITY ST ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY ST ZIP	

U00000930935
05/21/08-80129-012 500.00

**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: *Maria E Castro* Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER