

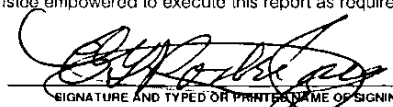


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

DOCUMENT # A97000002668			
1. Entity Name RODRIGUEZ FAMILY INVESTMENT CO., LTD.			
Principal Place of Business 142 PALM AVENUE MIAMI BEACH FL 33139		Mailing Address 142 PALM AVENUE MIAMI BEACH FL 33139	
2. Principal Place of Business - No P.O. Box # <i>Same as above</i>		3. Mailing Address <i>Same as above</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0796159		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GUILLERMO RODRIGUEZ, EUGENIO 142 PALM AVENUE MIAMI BEACH FL 33139		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE _____ 	
FILE NOW!!! Fee is \$500. *** After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.			
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 #	EUGENIO GUILLERMO RODRIGUEZ, TRUSTEE 142 PALM AVENUE MIAMI BEACH FL 33139	STREET ADDRESS	
NAME			
STREET ADDRESS CITY - ST - ZIP			
DOCUMENT #	NORA RODRIGUEZ, TRUSTEE 142 PALM AVENUE MIAMI BEACH FL 33139	STREET ADDRESS	
NAME			
STREET ADDRESS CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS CITY - ST - ZIP			
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DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS CITY - ST - ZIP			
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: 		Date _____ Daytime Phone # _____	

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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