

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

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

DOCUMENT # A97000002949

1. Entity Name
THE SUAREZ FAMILY LIMITED PARTNERSHIP



Principal Place of Business

**1890 NW 96 AVENUE
DORAL, FL 33172**

Mailing Address

**1890 NW 96 AVENUE
DORAL, FL 33172**

DO NOT WRITE IN THIS SPACE



03142008 No Chg-LP

CR2E003 (12/06)

4. FEI Number

65-0842177

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TRESCOTT, ROBERT L
2121 PONCE DE LEON BLVD., STE. 900
CORAL GABLES, FL 33134**

**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

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

U000000861987

04/16/08 80532-019 500.00

**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

STREET ADDRESS

CITY-ST-ZIP

**SUAREZ, GASTON M
301 PACIFIC ROAD
KEY BISCAYNE, FL 33149**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

**SUAREZ, MARTA N
301 PACIFIC ROAD
KEY BISCAYNE, FL 33149**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

MARTHA S. FISCHNER

Date

4/2/08

Daytime Phone #

305.591.8050

STAPLE CHECK HERE