
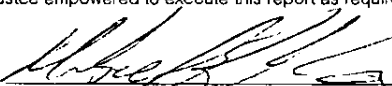


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2007**

<b>DOCUMENT # A98000001384</b>					
1. Entity Name <b>MIGUEL'S PROPERTIES, LTD.</b>					
Principal Place of Business <b>3035 W. KENNEDY BLVD TAMPA FL 33609</b>			Mailing Address <b>P.O. BOX 2167 SEFFNER FL 33583</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-3512090</b>	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>HINES, JAMES P ESQUIRE HINES &amp; ASSOCIATES, P.A. 315 SOUTH HYDE PARK AVENUE TAMPA FL 33606</b>				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! Fee is \$500. *** After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY	
DOCUMENT #	P98000049602			STREET ADDRESS	<b>2714 McINTOSH RD.</b>
NAME	MIGUEL'S FOOD ENTERPRISES, INC.			CITY - ST - ZIP	<b>DOVER, FLORIDA 33527</b>
STREET ADDRESS	3035 W. KENNEDY BLVD				
CITY - ST - ZIP	TAMPA FL 33609				
DOCUMENT #				STREET ADDRESS	
NAME				CITY - ST - ZIP	<b>500101870245</b>
STREET ADDRESS					<b>05/09/07--01005--015 **508.75</b>
CITY - ST - ZIP					
DOCUMENT #				STREET ADDRESS	
NAME				CITY - ST - ZIP	
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DOCUMENT #				STREET ADDRESS	
NAME				CITY - ST - ZIP	
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:  <b>MICHAEL RODRIGUEZ</b> 4/4/7 813-210-7112					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

**FILED**

2007 APR 23 AM 11:00

SECRETARY OF STATE



1st MOORE CR2E003 (10/06)

STAPLE CHECK HERE