

# **2007 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A98000001874

**FILED**  
**Apr 30, 2007**  
**Secretary of State**

**Entity Name:** BLUE WAVES OF DADE COUNTY, LTD.

**Current Principal Place of Business:**

1221 N.W. 165TH STREET  
MIAMI, FL 331696

**New Principal Place of Business:**

350 NE 60 STREET  
MIAMI, FL 33137 US

**Current Mailing Address:**

1221 N.W. 165TH STREET  
MIAMI, FL 331696

**New Mailing Address:**

350 NE 60 STREET  
MIAMI, FL 33137 US

**FEI Number:** 65-0876663

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEVI, RAIMUNDO  
224 CATALONIA AVE.  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

QUINTERO, LUIS A  
350 NE 60 STREET  
MIAMI, FL 33137 US

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.

SIGNATURE: LUIS A QUINTERO

04/30/2007

Electronic Signature of Registered Agent

Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: QUINTERO, NORMA A  
Address: 1221 N.W. 165TH STREET  
City-St-Zip: IAMI, FL 33169  
Document #:

Name: QUINTERO, LUIS A  
Address: 1221 N.W. 165TH STREET  
City-St-Zip: MIAMI, FL 33169

**ADDRESS CHANGES ONLY:**

Address: 350 NE 60 STREET  
City-St-Zip: MIAMI, FL 33137

Address: 350 NE 60 STREET  
City-St-Zip: MIAMI, FL 33137

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LUIS A QUINTERO

D

04/30/2007

Electronic Signature of Signing General Partner

Date