

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

**FILED**  
**Jan 24, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A99000001812</b> 1. Entity Name <b>MIRIAM REALTY LIMITED PARTNERSHIP</b>	
--	---

Principal Place of Business <b>190 WESTWARD DR., STE. A MIAMI SPRINGS FL 33166</b>	Mailing Address <b>190 WESTWARD DR., STE. A MIAMI SPRINGS FL 33166</b>
---	---

2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



1st MOORE CR2E003 (10/06)

4. FEI Number <b>65-0957677</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>MARRERO, MIRIAM C 550 S.E. 1ST STREET HIALEAH FL 33010</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and date if applicable.

**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 #	MARRERO, MIRIAM C 550 S.E. 1ST STREET HIALEAH FL	STREET ADDRESS	000000000010 01/26/07-80026-005 500.00
NAME			
STREET ADDRESS CITY- ST- ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS CITY- ST- ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS CITY- ST- ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS CITY- ST- ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
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:** Miriam C. Marrero - GEN. PARTNER 1-20-07 305-885-1023  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE