


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

**FILED**  
**Mar 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> A99000002113	
<b>1. Entity Name</b> MOSS HOLDINGS LIMITED PARTNERSHIP	

<b>Principal Place of Business</b> 6073 N.W. 167TH STREET, SUITE #C-5 MIAMI FL 33015	<b>Mailing Address</b> 6073 N.W. 167TH STREET, SUITE #C-5 MIAMI FL 33015
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<b>2. Principal Place of Business - No P.O. Box #</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E003 (10/06)

<b>4. FEI Number</b> 65-0968489	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> LEGAL INFORMATION SERVICES, INC. 2500 WESTON ROAD, SUITE 404 WESTON FL 33331	
<b>7. Name and Address of New Registered Agent</b> 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 title 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 # NAME STREET ADDRESS CITY-ST-ZIP	P99000109053 MOSS HOLDINGS, INC. 6073 N.W. 167TH STREET, SUITE #C-5 MIAMI FL 33015	STREET ADDRESS CITY-ST-ZIP	
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**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:** *x Sylvia M. Moss* **DATE** *3-05-07*  
*MOSS HOLDINGS, INC. - GENERAL PARTNER*  
*Sylvia M. Moss, PRESIDENT*  
*305-698-9191*

STAPLE CHECK HERE