

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 12, 2008

FILED

08 JUL 24 AM 11:07

SECRETARY OF STATE

TALLAHASSEE, FLORIDA

Michael Goldstein
2121 Ponce De Leon Blvd, #1100
Coral Gables, FL 33134

DOCUMENT # A99000002113

1. Entity Name
MOSS HOLDINGS LIMITED PARTNERSHIP



Principal Place of Business
**6073 N.W. 167TH STREET, SUITE #C-5
MIAMI, FL 33015**

Mailing Address
**6073 N.W. 167TH STREET, SUITE #C-5
MIAMI, FL 33015**

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

07162008 Chg-LP CR2E003 (12/06)

4. FEI Number
65-0968489

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEGAL INFORMATION SERVICES, INC.
2500 WESTON ROAD, SUITE 404
WESTON, FL 33331**

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

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

DATE

**FILE NOW!!! FEE IS \$500.00
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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 # **P99000109053**
NAME **MOSS HOLDINGS, INC.**
STREET ADDRESS **6073 N.W. 167TH STREET, SUITE #C-5**
CITY-ST-ZIP **MIAMI, FL 33015**

STREET ADDRESS *C/O Michael Goldstein*
CITY-ST-ZIP *2121 Ponce De Leon Blvd, #1100*
Coral Gables, FL 33134

DOCUMENT #
NAME
STREET ADDRESS
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE