

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 MAY 22 PM 3: 50

**DOCUMENT # B05000000314**

1. Entity Name  
 MIA BELLA PARTNERS, L.P.



Principal Place of Business  
 5225 N.E. 32ND AVENUE  
 FT. LAUDERDALE, FL 33308

Mailing Address  
 5225 N.E. 32ND AVENUE  
 FT. LAUDERDALE, FL 33308



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

04212008 Chg-LP CR2E003 (12/06)

4. FEI Number  
 20-3176441

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

LABINER, PAUL S ESQ.  
 5499 N. FEDERAL HIGHWAY, SUITE K  
 BOCA RATON, FL 33487

7. Name and Address of New Registered Agent

Name Allan I Kruger  
 Street Address (P.O. Box Number is Not Acceptable) 6612 Parkside Dr  
 City Parkland FL Zip Code 33067

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 Allan I Kruger  
 Signature, typed or printed name of registered agent, and date if applicable.

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, Fee will be \$900.00**

**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 ROMANO, PETER J  
 STREET ADDRESS 5225 N.E. 32ND AVENUE  
 CITY-ST-ZIP FT. LAUDERDALE, FL 33308

STREET ADDRESS  
 CITY-ST-ZIP

700130088377  
 05/22/08--01024--015 \*\*\$500.00

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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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/24/08 954/321-7762

STAPLE CHECK HERE