

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007

DOCUMENT # B05000000523

1. Entity Name
UNA VEZ MAS, LP



FILED

07 SEP -7 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
703 MCKINNEY AVE. SUITE 240
C/O UNA VEZ MAS GP, LLC
DALLAS, TX 75202

Mailing Address
703 MCKINNEY AVE. SUITE 240
C/O UNA VEZ MAS GP, LLC
DALLAS, TX 75202

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

07242007 Chg-LP CR2E003 (12/06)

4. FEI Number
APPLIED FOR

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

AMLIE, KARSTON
2560 NATURE'S WAY
PALM BEACH GARDENS, FL 33410

Misspelled name

7. Name and Address of New Registered Agent

Name **Amie, KARSTEN**

Street Address (P.O. Box Number is Not Acceptable)
2560 NATURE'S WAY

City **Palm Beach Gardens FL** Zip Code **33410**

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 \$900.00
On or after September 14, 2007, Fee will be \$1000.00

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 #	M05000006702	STREET ADDRESS	
NAME	UNA VEZ MAS GP, LLC	CITY - ST - ZIP	300109297993
STREET ADDRESS	703 MCKINNEY AVE. SUITE 240		09/11/07--01022--011 ***900.00
CITY - ST - ZIP	DALLAS, TX 75202		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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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]

8/6/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

STAPLE CHECK HERE