

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

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 MAY -7 AM 8:01

<b>DOCUMENT # B05000000523</b> 1. Entity Name UNA VEZ MAS, LP					
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		
4. FEI Number <b>APPLIED FOR</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
AMLIE, KARSTEN 2560 NATURE'S WAY PALM BEACH GARDENS, FL 33410			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2008, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	M05000006702		STREET ADDRESS		
NAME	UNA VEZ MAS GP, LLC		CITY-ST-ZIP		
STREET ADDRESS	703 MCKINNEY AVE. SUITE 240				
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: <u>Eel Holcomb</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date: <u>4/18/08</u> <small>Date Day/Mo/Yr</small>		

STAPLE CHECK HERE

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 05/07/08-01005-011 \*\*\$500.00