


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A0000000418**  
 1. Entity Name  
**CONCEPCION LIMITED PARTNERSHIP**



Principal Place of Business <b>C/O SHUTTS &amp; BOWEN, LLP          201 SOUTH BISCAYNE BLVD., SUITE 1500 LN          MIAMI, FL 33131</b>	Mailing Address <b>C/O SHUTTS &amp; BOWEN, LLP          201 SOUTH BISCAYNE BLVD., SUITE 1500 LN          MIAMI, FL 33131</b>
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01092006 No Chg-LP      CR2E003 (11/05)

4. FEI Number <b>65-1008659</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**NOSTRO, LOUIS  
 728 CATALONIA AVENUE  
 CORAL GABLES, FL 33134**

**DO NOT WRITE IN THIS SPACE**

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 \$500.00**  
**After May 1, 2006, 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	
DOCUMENT #	P00000022484
NAME	CONCEPCION FAMILY CORPORATION
STREET ADDRESS	201 SOUTH BISCAYNE BLVD., SUITE 1500
CITY-ST-ZIP	MIAMI, FL 33131
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000531610  
 05/06/06-80050-017 508.75

**DO NOT WRITE IN THIS SPACE**

STAPLE CHECK HERE

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: Jose Lourenco      Date: 4/14/06      Daytime Phone #: 305-267-0208

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER