

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

**FILED**  
**Feb 02, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A03000001559**  
1. Entity Name  
**ZEQUEIRA FAMILY LIMITED PARTNERSHIP**



Principal Place of Business <b>1900 S.W. 18TH AVENUE MIAMI, FL 33145</b>	Mailing Address <b>1900 S.W. 18TH AVENUE MIAMI, FL 33145</b>
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01232006 No Chg-LP CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-0312984</b>	Applied For (Not Applicable)
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**ROSENCWAIG & FERRERO CARR  
301 W HALLANDALE BEACH BLVD.  
HALLANDALE, FL 33009**

**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 #	L03000036883
NAME	ZEQUERIA FAMILY HOLDINGS, L.C.
STREET ADDRESS	1900 S.W. 18TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33145
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1000000415902  
02/11/06-80102-003 500.00

**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: Valdas Zequeira 1/23/06 305)808-161  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #