
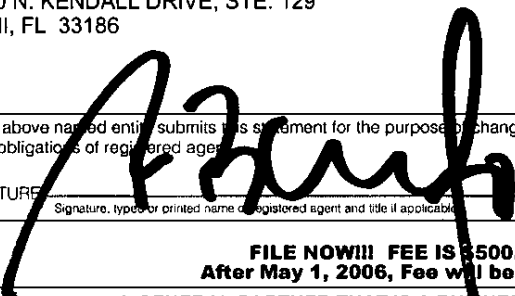
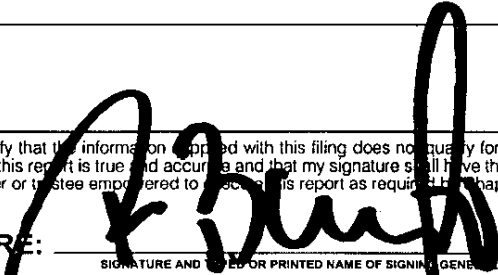


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 JAN 24 AM 9:14

DOCUMENT # A03000001779					
1. Entity Name THE BARRETO FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 9990 S.W. 90 AVENUE MIAMI, FL 33176		Mailing Address 9990 S.W. 90 AVENUE MIAMI, FL 33176			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-1048149 Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BERMAN, DAVID M 13500 N. KENDALL DRIVE, STE. 129 MIAMI, FL 33186			Name <u>Rodney Barreto</u>		
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: 			Street Address (P.O. Box Number is Not Acceptable) <u>235 Catalonia Avenue</u>		
			City <u>Coral Gables</u> FL Zip Code <u>33134</u>		
			DATE <u>1/13/06</u>		
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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	L03000004554		STREET ADDRESS		
NAME	BARRETO MANAGEMENT LIMITED LIABILITY COMPA		CITY-ST-ZIP		
STREET ADDRESS	9990 S.W. 90 AVENUE				
CITY-ST-ZIP	MIAMI, FL 33176				
DOCUMENT #			STREET ADDRESS	000064998910	
NAME			CITY-ST-ZIP	02/01/06--01077--008 **500.00	
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NAME			CITY-ST-ZIP		
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 file this report as required by Chapter 620, Florida Statutes.					
SIGNATURE: 			Date <u>1/13/06</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date		

STAPLE CHECK HERE