


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 JUL 21 AM 11:37

DOCUMENT # A0500000486					
1. Entity Name GERARDO DIAZ FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 8228 N.W. 56 STREET MIAMI, FL 33166			Mailing Address 8228 N.W. 56 STREET MIAMI, FL 33166		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 202662926	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DIAZ, GERARDO 8228 N.W. 56 STREET MIAMI, FL 33166			7. Name and Address of New Registered Agent		
			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 _____	
Signature, typed or printed name of registered agent and title if applicable.					
FILE NOW!!! FEE IS \$500.00				In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.	
Due by September 6, 2006					
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 #	P04000018532		STREET ADDRESS		
NAME	HAPPY ALWAYS, INC.				
STREET ADDRESS	8228 N.W. 56 STREET				
CITY-ST-ZIP	MIAMI, FL 33166				
DOCUMENT #			STREET ADDRESS	200078285672	
NAME					
STREET ADDRESS				08/02/06--01065--018 **500.00	
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
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DOCUMENT #			STREET ADDRESS		
NAME					
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 _____			Date		Daytime Phone #
Signature, typed or printed name of signing general partner			7/17/06		305-591-2207

STAPLE CHECK HERE