
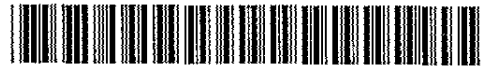


**2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006**

**FILED
Feb 06, 2006 08:00 AM
Secretary of State**

DOCUMENT # A32981 1. Entity Name FLAR INVESTMENTS, LTD.	
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Principal Place of Business 2410 NEVADA ROAD LAKELAND, FL 33803-2342	Mailing Address 2410 NEVADA ROAD LAKELAND, FL 33803-2342
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01242006 No Chg-LP CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3123925	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GIGLIA, FRANCESCO (FRANK) 2410 NEVADA ROAD LAKELAND, FL 33803-2342

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 _____
Signature, typed or printed name of registered agent and title if applicable.

U00000424071
02/10/06 00032 010 500.00

**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 # NAME STREET ADDRESS CITY-ST-ZIP	GIGLIA, FRANCESCO FRANK 2410 NEVADA ROAD LAKELAND, FL 338032342
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	GIGLIA, LUCILLE 2410 NEVADA ROAD LAKELAND, FL 338032342
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

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: Lucille Giglia Date: 2/3/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #