


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

**FILED
Feb 03, 2006 08:00 AM
Secretary of State**

DOCUMENT # A99000001887

1. Entity Name
CHIOCCA GROUP, LTD.



| | |
|--|--|
| Principal Place of Business 3151 S.W. 192 AVE. MIRAMAR, FL 33029 | Mailing Address 3151 S.W. 192 AVE. MIRAMAR, FL 33029 |
|--|--|



01082006 No Chg-LP CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 4. FEI Number 65-0966064 | 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

**FEUERMAN, JONATHAN ESQ.
C/O THERREL BAISDEN, P.A.
ONE S.E. 3RD AVE., SUITE 2400
MIAMI, FL 33131**

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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 # | P99000099914 |
| NAME | ALB-VIN, INC. |
| STREET ADDRESS | 3151 S.W. 192 AVE. |
| CITY-ST-ZIP | MIRAMAR, FL 33029 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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02/13/06-80066-021 500.00

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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: Alb-Vin by Jerry Chiocca Partner Date: 1/15/06 Daytime Phone #: 305-377-9224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER