

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 APR 24 AM 10:24

DOCUMENT # A97000002949 1. Entity Name THE SUAREZ FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 301 PACIFIC ROAD KEY BISCAINE, FL 33149			Mailing Address 301 PACIFIC ROAD KEY BISCAINE, FL 33149		
2. Principal Place of Business 1890 NW 96 AVE.		3. Mailing Address 1890 NW 96 AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State DORAL, FL		City & State DORAL, FL			
Zip 33172		Zip 33172			
Country MIAMI-DADE		Country MIAMI-DADE		4. FEI Number 65-0842177	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent TRESCOTT, ROBERT L 2121 PONCE DE LEON BLVD., STE. 900 CORAL GABLES, FL 33134				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 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 # NAME STREET ADDRESS CITY-ST-ZIP	SUAREZ, GASTON M 301 PACIFIC ROAD KEY BISCAINE, FL 33149		STREET ADDRESS CITY-ST-ZIP	1890 NW 96 AVE. DORAL, FL 33172	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	SUAREZ, MARTA N 301 PACIFIC ROAD KEY BISCAINE, FL 33149		STREET ADDRESS CITY-ST-ZIP	1890 NW 96 AVE. DORAL, FL 33172	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		STREET ADDRESS CITY-ST-ZIP	(Empty)	
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER GASTON SUAREZ 4/12/06 (307) 591-8050 Date Daytime Phone #					