


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

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| DOCUMENT # A00000002076 1. Entity Name PARDO PARTNERSHIP, LLLP |  |
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| Principal Place of Business 266 WEST 35TH STREET MIAMI BEACH FL 33140 | Mailing Address 266 WEST 35TH STREET MIAMI BEACH FL 33140 |
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| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address 6061 Collins Ave 9F |
| City & State | City & State MIAMI BEACH FL |
| Zip | Country |
| 33140 | MIAMI - SADE |

SECRETARY OF STATE
DIVISION OF CORPORATE & FINANCIAL SERVICES
06 FEB 24 AM 10:06



1st MOORE CR2E003 (10/05)

| | |
|---|--------------------------------|
| 4. FEI Number 65-1077351 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent MILLAN, MYRNA P 266 WEST 35TH STREET MIAMI BEACH FL 33140 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

**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 | MILLAN, MYRNA 266 WEST 35TH STREET MIAMI BEACH FL 33140 | STREET ADDRESS CITY-ST-ZIP | 600067301666 03/07/06-01016-025 **500.00 |
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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  MYRNA MILLAN 2/14/06 305-532-5906
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE