

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 04, 2004 08:00 AM
Secretary of State

DOCUMENT # A01000001147

1. Entity Name
 ROINA C. ARIAS ENTERPRISES, LTD.



Principal Place of Business
 BEAU MONDE UNIT #802
 4950 GULF BOULEVARD
 ST. PETERSBURG, FL 33706

Mailing Address
 BEAU MONDE UNIT #802
 4950 GULF BOULEVARD
 ST. PETERSBURG, FL 33706



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01192004

Chg-LP

CR2E003 (10/03)

4. FEI Number

59-3740387

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LARRINAGA, ROSARIO A
 BEAU MONDE UNIT #802
 4950 GULF BOULEVARD
 ST. PETERSBURG, FL 33706

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

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

DATE

9. Capital Contributions
 as Shown on record.

\$5,000,000.00

10. Amount of Capital Contributions
 in FLORIDA to date.

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 LARRINAGA, ROSARIO A
 STREET ADDRESS BEAU MONDE UNIT #802, 4950 GULF BLVD.
 CITY-ST-ZIP ST. PETERSBURG, FL 33706

STREET ADDRESS

CITY-ST-ZIP

U000000087296

03/15/04-80005-017-526.25

DOCUMENT #
 NAME LARRINAGA, ROBERT M
 STREET ADDRESS 5000 GULF BOULEVARD, APT. 703
 CITY-ST-ZIP ST. PETE BEACH, FL 33706

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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 STREET ADDRESS
 CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Rosario A. Larrinaga

STATE OF FLORIDA