


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A01000001147</b> 1. Entity Name ROINA C. ARIAS ENTERPRISES, LTD.	
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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
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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01262005 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

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

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.

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	STREET ADDRESS	
NAME	LARRINAGA, ROSARIO A	CITY-ST-ZIP	
STREET ADDRESS	BEAU MONDE UNIT #802, 4950 GULF BLVD.		
CITY-ST-ZIP	ST. PETERSBURG, FL 33706		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	LARRINAGA, ROBERT M	CITY-ST-ZIP	
STREET ADDRESS	5000 GULF BOULEVARD, APT. 703		
CITY-ST-ZIP	ST. PETE BEACH, FL 33706		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
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 19.07(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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

STAPLE CHECK HERE