

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

**FILED**  
**Feb 16, 2006 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



01232006 No Chg-LP

CRZE003 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**DO NOT WRITE  
IN THIS SPACE**

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

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

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

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

100001436029  
02/27/06 80020-011 500.00

**DO NOT WRITE  
IN THIS SPACE**

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

2/13/06

Date

Daytime Phone #

STAPLE CHECK HERE