


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

**FILED**  
**Mar 10, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A01000001459</b> 1. Entity Name <b>ALOE INVESTMENTS LIMITED PARTNERSHIP, LLLP</b>	
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Principal Place of Business <b>1510 EAST HILLSBOROUGH AVE. TAMPA, FL 33610</b>	Mailing Address <b>1510 EAST HILLSBOROUGH AVE. TAMPA, FL 33610</b>
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**DO NOT WRITE IN THIS SPACE**

03072006 No Chg-LP

CR2E003 (11/05)

4. FEI Number  
**59-3753352**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SHAW, BRIAN M  
1510 EAST HILLSBOROUGH AVE.  
TAMPA, FL 33610**

**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	<b>SIMON, ARTHUR M</b>
STREET ADDRESS	<b>1510 EAST HILLSBOROUGH AVE.</b>
CITY - ST - ZIP	<b>TAMPA, FL 33610</b>
DOCUMENT #	
NAME	<b>SHAW, BRIAN M</b>
STREET ADDRESS	<b>1510 EAST HILLSBOROUGH AVE.</b>
CITY - ST - ZIP	<b>TAMPA, FL 33610</b>
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03/21/06-80005-001 500.00

**DO NOT WRITE  
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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

Date

Twelve Phone #

*Arthur M. Simon* **3/10/06** **813-288-3958**

STAPLE CHECK HERE