

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # A01000001509

1. Entity Name
FMV FAMILY LIMITED PARTNERSHIP



Principal Place of Business
17950 SW 100TH STREET
MIAMI, FL 33196-2900

Mailing Address
17950 SW 100TH STREET
MIAMI, FL 33196-2900



02282006 No Chg-LP

CRZE003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1155204	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MASFORROLL, EMLIO CPA
11180 WEST FLAGLER STREET, #11
MIAMI, FL 33174

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 STREET ADDRESS CITY-ST-ZIP	VARELA, FRANCES M 17950 SW 100TH STREET MIAMI, FL 331862900
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STAPLE CHECK HERE

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

City _____

Daytime Phone # _____