

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


FILED

06 MAY -1 AM 11:18

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # A02000000017

1. Entity Name
PUERTO RICO HOLDINGS, LTD.



Principal Place of Business Mailing Address
201 ALHAMBRA CIRCLE, SUITE 502 **201 ALHAMBRA CIRCLE, SUITE 502**
CORAL GABLES, FL 33134 **CORAL GABLES, FL 33134**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.
PO BOX 194242

City & State City & State
San Juan

Zip Country Zip Country
00919-4242 **PR**



02232006 Chg-LP CR2E003 (11/05)

4. FEI Number Applied For
20-2346148 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ARVESU, MANUEL M ESQ.
201 ALHAMBRA CIRCLE, SUITE 502
CORAL GABLES, FL 33134

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.

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 #	P00000096761
NAME	PUERTO RICO HOLDINGS, INC.
STREET ADDRESS	201 ALHAMBRA CIRCLE, SUITE 502
CITY-ST-ZIP	CORAL GABLES, FL 33134
DOCUMENT #	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	

05/22/06--01045--027 **508.75

900075031069

05/22/06--01045--027 **508.75

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: _____ DATE: **4/24/06** DAYTIME PHONE #: **939-717-7711**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #