


**2006 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By September 6, 2006**

<b>DOCUMENT # A0200000730</b> 1. Entity Name <b>TAMBURELLO FAMILY PARTNERSHIP, LTD.</b>	
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JUL 27 AM 9:06

Principal Place of Business 1825 MAIN STREET, SUITE 201 WESTON, FL 33326	Mailing Address 1825 MAIN STREET, SUITE 201 WESTON, FL 33326
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2. Principal Place of Business <i>201 S Biscayne Blvd</i> Suite, Apt. #, etc. <i>Suite 1238</i> City & State <i>Miami FL</i> Zip <i>33131</i>	3. Mailing Address <i>201 S Biscayne Blvd</i> Suite, Apt. #, etc. <i>Suite 1238</i> City & State <i>Miami FL</i> Zip <i>33131</i>	07202006 Chg-LP CR2E003 (11/05) 4. FEI Number 02-0615477 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

TEW, JEFFREY  
C/O TEW CARDENAS REBAK  
1441 BRICKELL AVENUE 15TH FLOOR,  
MIAMI, FL 33131

*OK*

**7. Name and Address of New Registered Agent**

Name: *Howe Nathan R.T.*  
 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  
Due by September 6, 2006**

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**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 #	P02000048409	STREET ADDRESS	<i>201 S. Biscayne Blvd, Suite 1238</i>
NAME	VMT ENTERPRISES, INC.	CITY-ST-ZIP	<i>Miami, FL 33131</i>
STREET ADDRESS	1825 MAIN STREET, SUITE 201		
CITY-ST-ZIP	WESTON, FL 33326		
DOCUMENT #		STREET ADDRESS	<del>500078285075</del>
NAME		CITY-ST-ZIP	<del>06/02/06 01085-006 **500.00</del>
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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: *[Handwritten Signature]*