


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006

DOCUMENT # A02000000730 1. Entity Name TAMBURELLO FAMILY PARTNERSHIP, LTD.	
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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> Country <i>USA</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> Country <i>USA</i>
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07202006 Chg-LP CR2E003 (11/05)

4. FEI Number 02-0615477	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent TEW, JEFFREY C/O TEW CARDENAS REBAK 1441 BRICKELL AVENUE 15TH FLOOR, MIAMI, FL 33131	7. Name and Address of New Registered Agent Name <i>Howe Nathan R.T.</i> Street Address (P.O. Box Number is Not Acceptable) City <i>FL</i> Zip Code
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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
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	201 S. Biscayne Blvd, Suite 1238
NAME	VMT ENTERPRISES, INC.	CITY-ST-ZIP	Miami, FL 33131
STREET ADDRESS	1825 MAIN STREET, SUITE 201		
CITY-ST-ZIP	WESTON, FL 33326		
DOCUMENT #		STREET ADDRESS	500078285075
NAME		CITY-ST-ZIP	06/02/06 - 01085 - 006 **\$500.00
STREET ADDRESS			
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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 _____