

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

**FILED  
May 06, 2006 08:00 AM  
Secretary of State**

DOCUMENT # A02000001067

1. Entity Name  
GARCIA VENTURES, LTD.



Principal Place of Business  
219 N. 20TH STREET  
TAMPA, FL 33605

Mailing Address  
219 N. 20TH STREET  
TAMPA, FL 33605



04172006 No Chg-LP CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
13-4207062

Applied For  
Not Applicable

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

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

GARCIA, ALFONSO  
219 N. 20TH STREET  
TAMPA, FL 33605

**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 \_\_\_\_\_ 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 #	
NAME	GARCIA, ALFONSO
STREET ADDRESS	219 N. 20TH STREET
CITY- ST- ZIP	TAMPA, FL 33605
DOCUMENT #	
NAME	GARCIA, ROSE LEE
STREET ADDRESS	219 N. 20TH STREET
CITY- ST- ZIP	TAMPA, FL 33605
DOCUMENT #	
NAME	GARCIA, ALFONSO III
STREET ADDRESS	219 N. 20TH STREET
CITY- ST- ZIP	TAMPA, FL 33605
DOCUMENT #	
NAME	RICHARD CHRISTOPHER GARCIA
STREET ADDRESS	219 N. 20TH STREET
CITY- ST- ZIP	TAMPA, FL 33605
DOCUMENT #	
NAME	NICK JOSEPH GARCIA
STREET ADDRESS	219 N. 20TH STREET
CITY- ST- ZIP	TAMPA, FL 33605
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

100000541633  
05/10/06-80066-003 500.00

**DO NOT WRITE  
IN THIS SPACE**

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]* 4/24/06 (813) 2181044  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daystar Printers