


**2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008**

**FILED
Apr 17, 2008 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
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DO NOT WRITE IN THIS SPACE



04122008 No Chg-LP CR2E003 (12/06)

4. FEI Number 13-4207062	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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, 2008, 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	GARCIA, ALFONSO 219 N. 20TH STREET TAMPA, FL 33605
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	GARCIA, ROSE LEE 219 N. 20TH STREET TAMPA, FL 33605
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	GARCIA, ALFONSO III 219 N. 20TH STREET TAMPA, FL 33605
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	RICHARD CHRISTOPHER GARCIA 219 N. 20TH STREET TAMPA, FL 33605
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	NICK JOSEPH GARCIA 219 N. 20TH STREET TAMPA, FL 33605
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

1000004304901
05/01/08 30031-016 500.00

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: 4-14-08 DAYTIME PHONE #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER