


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # A03000001040				
1. Entity Name FONTICIELLA LLLP				
Principal Place of Business 11400 WEST FLAGLER ST, STE 201 MIAMI FL 33174		Mailing Address 11400 WEST FLAGLER ST, STE 201 MIAMI FL 33174		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number NO-T APPLICABLE
6. Name and Address of Current Registered Agent BOHATCH, JOHN S 2600 DOUGLAS RD, PENTHOUSE 8 CORAL GABLES FL 33134				7. Name and Address of New Registered Agent
Name				Applied For Not Applicable
Street Address (P.O. Box Number is Not Acceptable)				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
City				1st MOORE CR2E003 (10/05)
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.				FL Zip Code
SIGNATURE _____				DATE _____
Signature, typed or printed name of registered agent and title if applicable				



FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

**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 #	NAME	STREET ADDRESS	
	FONTICIELLA, ARMANDO J		
STREET ADDRESS	11400 WEST FLAGLER ST, STE 201	CITY-ST-ZIP	
CITY-ST-ZIP	MIAMI FL 33174		
DOCUMENT #	NAME	STREET ADDRESS	
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02/02/06-80033-023 500.00

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: *Armando Fonticella* **Armando Fonticella** 2/1/06