
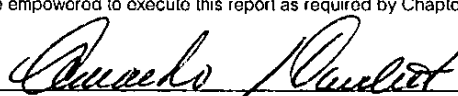


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

FILED
Jan 29, 2007 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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent BOHATCH, JOHN S 2600 DOUGLAS RD, PENTHOUSE 8 CORAL GABLES FL 33134		4. FEI Number NO-T APPLICABLE 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		Applied For Not Applicable	
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 _____ <small>Signature, typed or printed name of registered agent and date if applicable</small>			
FILE NOW!!! Fee is \$500. *** After May 1, 2007, 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 CITY- ST- ZIP	FONTICIELLA, ARMANDO J 11400 WEST FLAGLER ST, STE 201 MIAMI FL 33174	STREET ADDRESS CITY- ST- ZIP	U000000611138 02/02/07-80049-008 500.00
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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: 		1/29/07 Date	305-345-4281 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			



1st MOORE CR2E003 (10/06)

STAPLE CHECK HERE