

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # A03000001209

1. Entity Name
RUMALYCA, LTD.



Principal Place of Business
**3104 NORTH ARMENIA AVENUE
TAMPA, FL 33607**

Mailing Address
**3104 NORTH ARMENIA AVENUE
TAMPA, FL 33607**

DO NOT WRITE IN THIS SPACE



04102008 No Chg-LP

CR2E003 (11/05)

4. FEI Number
20-0288188

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LLANEZA-JONES, CAROL J
3104 NORTH ARMENIA AVENUE
TAMPA, FL 33607**

**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

Signature, typed or printed name of registered agent and title if applicable.

DATE

**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
STREET ADDRESS
CITY-ST-ZIP
**BAKER, MARY F
3320 CARRINGTON STREET
TAMPA, FL 33611**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**HUDSON, RUTH L
5827 MARINER STREET
TAMPA, FL 33609**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**LLANEZA-JONES, CAROL J
5806 MARINER STREET
TAMPA, FL 33609**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**MCKOWN, LYNETTE L
4702 LAUREL ROAD
TAMPA, FL 33629**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

000000505941
04/27/06-80002-002 500.00

**DO NOT WRITE
IN THIS SPACE**

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:

Carol Jones Llaneza Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/11/06
Date

Daytime Phone #

STAPLE CHECK HERE