


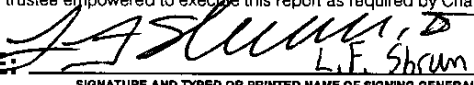


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 APR 10 AM 9:25

DOCUMENT # A04000000681 1. Entity Name GUERRINI FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 1125 ABBYS WAY TAMPA, FL 33602				Mailing Address 1125 ABBYS WAY TAMPA, FL 33602	
2. Principal Place of Business 9545 N. Florida Avenue Suite, Apt. #, etc.		3. Mailing Address 9545 N. Florida Avenue Suite, Apt. #, etc.			
City & State Tampa, FL		City & State Tampa, FL		4. FEI Number 34-192332 APPLIED FOR	
Zip 33612		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHRYSOCHOOS, JAQUES 1125 ABBYS WAY TAMPA, FL 33602				7. Name and Address of New Registered Agent Name L. Fred Shrum, II Street Address (P.O. Box Number is Not Acceptable) 9545 North Florida Avenue City Tampa FL Zip Code 33612	
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 				L. Fred Shrum, II DATE 5 Apr 06	
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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P04000068257		STREET ADDRESS	9545 North Florida Avenue	
NAME	GUERRINI CORPORATION		CITY-ST-ZIP	Tampa, FL 33612	
STREET ADDRESS	1125 ABBYS WAY				
CITY-ST-ZIP	TAMPA, FL 33602				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
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NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
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: 			L.F. Shrum, II Secretary, Guerrini Corp. 4 Apr 06 933-6571		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE