

2006 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A04000001235

FILED
Jan 05, 2006
Secretary of State

Entity Name: RIVES FAMILY HOLDINGS, LLLP

Current Principal Place of Business:

5333 COLLINS AVENUE
APT #902
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

5333 COLLINS AVENUE
APT #902
MIAMI BEACH, FL 33140

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ARAZOZA & FERNANDEZ-FRAGA, P.A.
2100 SALZEDO STREET, SUITE 300
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

GENERAL PARTNER INFORMATION:

Document #:

Name: RIVES, EMILIO M TRUSTEE
Address: 5333 COLLINS AVENUE, APT. #902
City-St-Zip: MIAMI BEACH, FL 33140

Document #:

Name: RIVES, ELVIRA C TRUSTEE
Address: 5333 COLLINS AVENUE, APT. #902
City-St-Zip: MIAMI BEACH, FL 33140

Document #:

Name: RIVES, ELVIRA J TRUSTEE
Address: 5333 COLLINS AVENUE, APT. #902
City-St-Zip: MIAMI BEACH, FL 33140

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:

Address:
City-St-Zip:

Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ELVIRA J. RIVES

_____ Electronic Signature of Signing General Partner

01/05/2006

_____ Date