

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**

**06 MAY -1 AM 8:42**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

<b>DOCUMENT # A04000001482</b> 1. Entity Name <b>NICOLAS ESTRELLA FAMILY LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>2665 S BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33133</b>			Mailing Address <b>2665 S BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33133</b>		
2. Principal Place of Business <b>3750 W Flagler St</b> Suite, Apt. #, etc.		3. Mailing Address <b>3750 W Flagler St</b> Suite, Apt. #, etc.		04112006    Chg-LP    CR2E003 (11/05)	
City & State <b>Miami FL</b>		City & State <b>Miami FL</b>		4. FEE Number <b>20-2885436</b>	
Zip <b>33134</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>WORLD CORPORATE SERVICES, INC. 2665 SOUTH BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33133</b>				7. Name and Address of New Registered Agent Name <b>NICOLAS ESTRELLA JR PA</b> Street Address (P.O. Box Number is Not Acceptable) <b>3750 WEST FLAGLER ST.</b> City <b>MIAMI</b> FL    Zip Code <b>33134</b>	
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 <b>NICOLAS ESTRELLA JR</b> DATE <b>4/18/06</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT # <b>L04000067403</b> NAME <b>ESN MANAGEMENT LLC</b> STREET ADDRESS <b>3750 W. FLAGLER ST</b> CITY-ST-ZIP <b>MIAMI, FL 33134</b>			STREET ADDRESS  CITY-ST-ZIP		
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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:     DATE <b>4/18/06</b> Daytime Phone # <b>305-4432825</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE