


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 JUL 28 AM 9:27

DOCUMENT # A04000001602 1. Entity Name ORDONEZ ARINO LIMITED PARTNERSHIP					
Principal Place of Business 5829 SUNNYSIDE LANE FT. MYERS, FL 33919			Mailing Address 5829 SUNNYSIDE LANE FT. MYERS, FL 33919		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address Suite, Apt. #, etc. City & State Zip		4. FEI Number APPLIED FOR 03082006 Chg-LP CR2E003 (11/05)	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent PALUMBO, MARY J. 7980 SUMMERLIN LAKES DRIVE, SUITE 200 FT. MYERS, FL 33919			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		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 title if applicable</small>					
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 #	P04000133489		STREET ADDRESS		
NAME	ORDONEZ ARINO MANAGEMENT CORP.		CITY-ST-ZIP		
STREET ADDRESS	5829 SUNNYSIDE LANE		CITY-ST-ZIP		
CITY-ST-ZIP	FT. MYERS, FL 33919		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS	500078467725	
NAME			CITY-ST-ZIP	08/08/06--01026--022 **\$900.00	
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS	500078467725	
NAME			CITY-ST-ZIP	08/08/06--01026--023 **\$8.75	
STREET ADDRESS			CITY-ST-ZIP		
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NAME			CITY-ST-ZIP		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			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: <u>Maria Baquero</u> MARIA BAQUERO			Date: <u>4/7/06</u> 234-		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Daytime Phone #</small> 275 4141		

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