

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**

2007 APR 13 AM 10:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03242007 Chg-LP CR2E003 (12/06)

<b>DOCUMENT # A04000001602</b> 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 - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number <b>APPLIED FOR</b>				Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  PALUMBO, MARY 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 <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2007, 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>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	P04000133489		STREET ADDRESS	500097295135	
NAME	ORDONEZ ARINO MANAGEMENT CORP.		CITY-ST-ZIP	04/18/07--01006--018 **8.75	
STREET ADDRESS	5829 SUNNYSIDE LANE		STREET ADDRESS	500097295135	
CITY-ST-ZIP	FT. MYERS, FL 33919		CITY-ST-ZIP	04/18/07--01006--017 **500.00	
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STAPLE CHECK HERE

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: Maria Baquero MARIA BAQUERO 3/27/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #