

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

FILED  
 SEC. OF STATE  
 DIVISION OF CORPORATIONS

06 FEB 20 AM 11:10

<b>DOCUMENT # A04000001652</b> 1. Entity Name CADRECHA FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 1300 7TH AVENUE TAMPA, FL 33605			Mailing Address 1300 7TH AVENUE TAMPA, FL 33605		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01262006    Chg-LP    CR2E003 (11/05)	
4. FEI Number <b>APPLIED FOR</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CADRECHA, ROBERT N 1300 7TH AVENUE TAMPA, FL 33605			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>					
<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 #	333666		STREET ADDRESS		
NAME	TAMPA WHOLESALE FURNITURE CO.		CITY-ST-ZIP		
STREET ADDRESS	1300 7TH AVENUE		CITY-ST-ZIP		
CITY-ST-ZIP	TAMPA, FL 33605		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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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					
<b>SIGNATURE:</b>			VP    1/31/06    813-248-1991		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Matt Cadrecha			Date    Daytime Phone #		

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