

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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 06 APR -7 AM 10: 15

<b>DOCUMENT #A0500000644</b>		
1. Entity Name <b>ROBERTO V. HERRERIA FAMILY LIMITED    PARTNERSHIP</b>		

Principal Place of Business <b>2646 THOMAS STREET    HOLLYWOOD, FL 33020</b>	Mailing Address <b>2646 THOMAS STREET    HOLLYWOOD, FL 33020</b>
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HERRERIA, ROBERTO V 2646 THOMAS STREET HOLLYWOOD, FL 33020		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

Signature, typed or printed name of registered agent and title if applicable

DATE

**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 #	HERRERIA, ROBERTO V 2646 THOMAS STREET HOLLYWOOD, FL 33020	STREET ADDRESS	
NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #	BOBADILLA, PATRICIA M 2646 THOMAS STREET HOLLYWOOD, FL 33020	STREET ADDRESS	
NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	1000071641961 04/24/06-01064-007 **500.00
DOCUMENT #		STREET ADDRESS	
NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
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DOCUMENT #		STREET ADDRESS	
NAME STREET ADDRESS 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: 

SIGNATURE AND PRINTED NAME OF SIGNING GENERAL PARTNER

117/06 954-456-1939  
 Daytime Phone #

STAPLE CHECK HERE