


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

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

DOCUMENT # A05000000644 1. Entity Name ROBERTO V. HERRERIA FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 2646 THOMAS STREET HOLLYWOOD, FL 33020	Mailing Address 2646 THOMAS STREET HOLLYWOOD, FL 33020
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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



01102006 Chg-LP CR2E003 (11/05)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

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

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		CITY - ST - ZIP	
CITY - ST - ZIP			
DOCUMENT #	BOBADILLA, PATRICIA M 2646 THOMAS STREET HOLLYWOOD, FL 33020	STREET ADDRESS	
NAME		CITY - ST - ZIP	
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
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NAME		CITY - ST - ZIP	
CITY - ST - ZIP			

100071641961
 04/24/06-01064-007 **500.00

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:  **1/17/06** **954.456-1939**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE