

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

**FILED**

2007 APR 25 AM 10:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04162007 Chg-LP CR2E003 (12/06)

<b>DOCUMENT # A05000000644</b> 1. Entity Name <b>ROBERTO V. HERRERIA FAMILY LIMITED PARTNERSHIP</b>		
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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 - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

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

<b>6. Name and Address of Current Registered Agent</b>  HERRERIA, ROBERTO V 2646 THOMAS STREET HOLLYWOOD, FL 33020	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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, 2007, 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	STREET ADDRESS	
NAME	2646 THOMAS STREET	CITY-ST-ZIP	
STREET ADDRESS	HOLLYWOOD, FL 33020		
CITY-ST-ZIP			
DOCUMENT #	BOBADILLA, PATRICIA M	STREET ADDRESS	
NAME	2646 THOMAS STREET	CITY-ST-ZIP	
STREET ADDRESS	HOLLYWOOD, FL 33020		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
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:** \_\_\_\_\_ **4/17/7** **954. 923-6272**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE