


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

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A05000000909</b>		
1. Entity Name PENDE INVESTMENTS, LLLP		

Principal Place of Business 911 U.S. HIGHWAY 301 SOUTH TAMPA, FL 33619	Mailing Address 911 U.S. HIGHWAY 301 SOUTH TAMPA, FL 33619
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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



02022006 Chg-LP CR2E003 (11/05)

4. FEI Number ☐ Applied For ☒ Not Applied

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEBICKERO, DANIEL J  
 911 U.S. HIGHWAY 301 SOUTH  
 TAMPA, FL 33619

7. Name and Address of New Registered Agent

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 #		STREET ADDRESS	
NAME	PENDE INVESTMENTS, INC.	CITY-ST-ZIP	
STREET ADDRESS	911 U.S. HIGHWAY 301 SOUTH		
CITY-ST-ZIP	TAMPA, FL 33619		
DOCUMENT #		STREET ADDRESS	000000417677
NAME		CITY-ST-ZIP	02/13/06-80066-002 500.00
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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: *Daniel J. Debickero* DANIEL J. DEBICKERO FEB 2 2006 813-777-6787

STAPLE CHECK HERE