

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A05000001207 1. Entity Name VICINO FAMILY LIMITED PARTNERSHIP	
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DEPT. OF STATE
 DIVISION OF CORPORATIONS
 06 FEB -8 AM 9:59

Principal Place of Business 1800 SOUTH OCEAN BOULEVARD, UNIT 807 POMPANO BEACH, FL 33062	Mailing Address 1800 SOUTH OCEAN BOULEVARD, UNIT 807 POMPANO BEACH, FL 33062
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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



01062006 Chg-LP CR2E003 (11/05)

6. Name and Address of Current Registered Agent	
VICINO, FRANK T JR 1800 SOUTH OCEAN BOULEVARD, UNIT 807 POMPANO BEACH, FL 33062	

4. FEI Number 20-3022651	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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, 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 #	P05000073635	STREET ADDRESS	
NAME	VICINO FAMILY HOLDINGS, INC.	CITY-ST-ZIP	
STREET ADDRESS	1800 SOUTH OCEAN BOULEVARD, UNIT 807		
CITY-ST-ZIP	POMPANO BEACH, FL 33062		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

900066121979
 02/17/06 01010 010 ***500.00

STAPLE CHECK HERE

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:  **1/26/06 954-422-5710**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER