2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 6, 2006

		Due by Sep	rteiliber 0, 2000		,	, ¢r	On Flit	: r>	
	1. Entity Nam	MENT # A0500000 LA FAMILY LIMITED PAI			DIVISION OF CURPORATIONS 06 SEP 1-1 - AM 9: 52				
;	Principal Place of Business 8241 SW 11 TERR MIAMI, FL 33144		Mailing Address 8241 SW 11 TERR MIAMI, FL 33144			al			
	2. Principal P	2. Principal Place of Business 3. Mailing Addres							
ļ	Suite, Apt.	Suite, Apt. #, etc. Suite, Apt.		pt. #, etc.		08232006	Chg-LP	CR2E003 (11/05)	
	City & State		City & State			4. FEI Number		Applied For Not Applicable	
	Zip	Zip Country Zip			5. Certificate of Status Desired See Required				
	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
ĺ					Name		_		
	PAULA, RUBEN D JR 8241 SW 11 TERR MIAMI, FL 33144				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.								
	FILE NOW!!! FEE IS \$500.00 Due by September 6, 2006						In accordanthe limited prior notice.	ce with s. 607.193(2)(b), F.S., artnership did not receive the	
	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 PARTI	NER INFORMATION	13.			ADDRESS CHA	ANGES ONLY	
	DOCUMENT / NAME	PAULA, RUBEN D JR	•	STR	EET ADDRESS				
	STREET ADDRESS CITY-ST-ZIP	8241 SW 11 TERR MIAMI, FL 33144		CITY	′-ST-ZIP				
	DOCUMENT / NAME			STR	EET ADDRESS		00800 1601954		
-	STREET ADDRESS CITY-ST-ZIP			CITY	'-ST-ZIP				
	DOCUMENT / NAME			STR	EET ADDRESS		,		
	STREET ADDRESS CITY-ST-ZIP			cm	'- ST - ZIP	<u></u> -			
STAPLE CHECK HERE	NAME STREET ADDRESS			STR	EET ADDRESS				
	CITY-ST-ZIP			CITY	-ST-ZIP				
	DOCUMENT / NAME STREET ADDRESS			STR	EET ADORESS		-		
	CITY-ST-ZIP			CITY	'-ST-ZIP				
	DOCUMENT / NAME STREET ADDRESS				EET ADDRESS				
. }	CITY-ST-ZIP	partify that the information aurorised	with this filling close not graffly		Y-ST-ZIP	ed in Chapter 110, 5	lorida Statutes	I further certify that the information	
	indicated	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: hubby). Vous Je. 5/606 386 380 6203								