

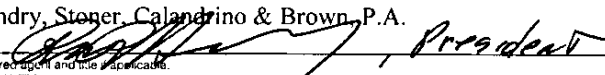
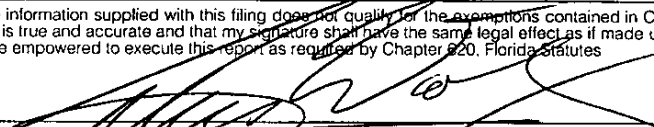


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 17 AM 10:23

DOCUMENT # A05000001948					
1. Entity Name WOLF & WOLF FRUITS AND VEGETABLES LLLP					
Principal Place of Business 2615 ROSE ISLE CIRCLE ORLANDO, FL 32803 US			Mailing Address 2615 ROSE ISLE CIRCLE ORLANDO, FL 32803 US		
2. Principal Place of Business 541 S. Orlando Ave		3. Mailing Address 20 N. Orange Ave			
Suite, Apt. #, etc. Suite 207		Suite, Apt. #, etc. Suite 600		01112006 Chg-LP CR2E003 (11/05)	
City & State Matiland, FL		City & State Orlando, FL		4. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable	
Zip 32751	Country USA	Zip 32801	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HENDRY, STONER, CALANDRINO & BROWN, P.A. 20 NORTH ORANGE AVENUE ORLANDO, FL 32801				7. Name and Address of New Registered Agent Name Hendry, Stoner, Calandrino & Brown, P.A. 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. Hendry, Stoner, Calandrino & Brown, P.A. SIGNATURE By:  President DATE 3/9/06 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 # NAME STREET ADDRESS CITY-ST-ZIP	P05000123862 WOLF & WOLF FRUITS & VEGETABLES, INC. 2615 ROSE ISLE CIRCLE ORLANDO, FL 32803			STREET ADDRESS CITY-ST-ZIP	541 S. Orlando Ave., Suite 207 Matiland, FL 32751
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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:  2/21/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #					

STAPLE CHECK HERE