


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR -7 AM 9:13

DOCUMENT # A32519			
1. Entity Name TOMARI COMPANY, LTD.			
Principal Place of Business % ANA C. FUENTES 1787 SW 7TH STREET, APT. #6 MIAMI FL 33135		Mailing Address 1830 NW 5TH STREET MIAMI FL 33125 2910 POINT EAST DR #M-108 AVENTURA FL 33160	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E003 (10/05)

4. FEI Number 65-0332325		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FUENTES, ANA C 2910 POINT EAST DR #M-108 AVENTURO FL 33160		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

**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	
NAME	FUENTES, ANA C.		
STREET ADDRESS	1830 NW-5TH STREET	CITY-ST-ZIP	
CITY-ST-ZIP	MIAMI FL 33125		
DOCUMENT #		STREET ADDRESS	400072427184
NAME		CITY-ST-ZIP	04/27/06--01043--021 **526.25
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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: Affredo Fuentes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-27-06

Date Daytime Phone #

STAPLE CHECK HERE