

2008

**LIMITED PARTNERSHIP
ANNUAL REPORT (AR)**

DOCUMENT # A32519

1. Entity Name

TOMARI COMPANY, LTD

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY -1 PM 2:33

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

ANA C. FUENTES

3. Mailing Address

2910 POINT EAST DR M-108

CR2E003B (12/05)

Suite, Apt. #, etc.

787 S W 7TH STREET #6

Suite, Apt. #, etc.

M-108

DUE BY MAY 1

City & State

MIAMI, FL 33135

City & State

aventura, fl 33160

4. FEI Number

65-0332325

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6.

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

FUENTES, ANA C

Street Address (P.O. Box Number is Not Acceptable)

2910 POINT EAST DR M-108

AVENTURA, FL 33160

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.

DATE

11. Jan. - May 1

Fee is \$500.00

After May 1,

Fee is \$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

DOCUMENT #

NAME

FUENTES, ANA C.

STREET ADDRESS

2910 point east dr #M-108

CITY-ST-ZIP

AVENTURA, FL 33160

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IN THIS SPACE**

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

4-17-08

SIGNATURE: *Ana C. Fuentes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE