


**2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006**

**FILED
Apr 05, 2006 08:00 AM
Secretary of State**

DOCUMENT # A94000000675
1. Entity Name
GIMENEZ FAMILY LIMITED PARTNERSHIP



Principal Place of Business: **6100 RIVERVIEW BOULEVARD WEST
BRADENTON, FL 34209**
Mailing Address: **6100 RIVERVIEW BOULEVARD WEST
BRADENTON, FL 34209**



03132006 No Chg-LP CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number: **65-0482508** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**GIMENEZ, JOSE L
6100 RIVERVIEW BOULEVARD WEST
BRADENTON, FL 34209**

**DO NOT WRITE
IN THIS SPACE**

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: **04/19/06** **81083-006 500.00**

**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

DOCUMENT #	
NAME	GIMENEZ, JOSE L
STREET ADDRESS	6100 RIVERVIEW BLVD WEST
CITY-ST-ZIP	BRADENTON, FL 34209
DOCUMENT #	
NAME	GIMENEZ, EILEEN M
STREET ADDRESS	6100 RIVERVIEW BLVD WEST
CITY-ST-ZIP	BRADENTON, FL 34209
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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.

SIGNATURE: Jose L. Gimenez **Jose L. Gimenez** *Gen Partner* **4/2/06** **941 792 0379**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE