

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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 06 MAR 27 AM 9:00

DOCUMENT # A94000001314

1. Entity Name  
 THE GIUNTA GROUP, LTD.



Principal Place of Business  
 2727 W. MARTIN LUTHER KING BLVD., #765  
 TAMPA, FL 33607

Mailing Address  
 2727 W. MARTIN LUTHER KING BLVD., #765  
 TAMPA, FL 33607

2. Principal Place of Business

4003 E. Fowler

3. Mailing Address

4003 E. Fowler

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02032006

Chg-LP

CR2E003 (11/05)

City & State

TAMPA FL

City & State

TAMPA, FL

4. FEI Number

59-3269059

Applied For

Not Applicable

Zip

Country

US

Zip

Country

US

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GIUNTA, GRACE G  
 2727 W. MARTIN LUTHER KING BLVD., #765  
 TAMPA, FL 33607

7. Name and Address of New Registered Agent

Name

GIUNTA, GRACE G

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

4003 E. Fowler

City

TAMPA

FL

Zip Code

33617

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

**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 # P03000061685  
 NAME TRIPLE G ENTERPRISES, INC.  
 STREET ADDRESS 2727 W. MARTIN LUTHER KING BLVD., #765  
 CITY-ST-ZIP TAMPA, FL 33607

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE