


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006

DOCUMENT # A95000000008

1. Entity Name
ALFREDO DIEZ FAMILY PARTNERSHIP, LTD.



Principal Place of Business
**640 SOLANO PRADO
 CORAL GABLES, FL 33156**

Mailing Address
**640 SOLANO PRADO
 CORAL GABLES, FL 33156**

2. Principal Place of Business
c/o Terrance J. Mullin, PA

3. Mailing Address
Same as No. 2

Suite, Apt. #, etc.
150 SE 2 Avenue, No. 1201

Suite, Apt. #, etc.

City & State
Miami, Florida

City & State

Zip
33131

Country
USA


Zip

Country

FILED

2006 SEP -1 P 2: 25

SECRETARY OF STATE
 FLORIDA



08182006 Chg-LP CR2E003 (11/05)

4. FEI Number
65-0559733

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MULLIN, TERRANCE J
~~3059 GRAND AVE.~~
~~340~~
~~MIAMI, FL 33133~~

7. Name and Address of New Registered Agent

Name
(Same)

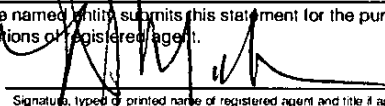
Street Address (P.O. Box Number is Not Acceptable)
150 SE 2 Avenue,

Suite 1201

City
Miami

FL Zip Code
33131

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.

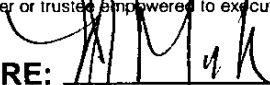
SIGNATURE  **Terrance J. Mullin** 17-Aug-2006
Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$900.00
On or after September 6, 2006, Fee will be \$1000.00

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 #	DIEZ, ALFREDO 640 SOLANO PRADO CORAL GABLES, FL 33156	STREET ADDRESS	900079376359 09/01/06 01026 007 **308.75
NAME		CITY-ST-ZIP	
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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:  **Terrance J. Mullin, as attorney for**
Alfredo Diez, General Partner Deceased 07/10/2005 (305-358-1101)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **17-Aug-2006** Daytime Phone # _____