


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

<b>DOCUMENT # A95000000587</b>		
1. Entity Name <b>FERNANDEZ INVESTMENTS OF TAMPA, LTD.</b>		

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR 11 AM 9:42

Principal Place of Business <b>3019 WEST SITKA STREET TAMPA FL 33614</b>	Mailing Address <b>3019 WEST SITKA STREET TAMPA FL 33614</b>
---	---

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

*[Handwritten signature]*



1ST MOORE CR2E003 (10/04)

4. FEI Number <b>59-3307499</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>FERNANDEZ, MAXIMA G 3019 WEST SITKA STREET TAMPA FL 33614</b>		7. Name and Address of New Registered Agent
		Name
		Street Address (P.O. Box Number is Not Acceptable)
		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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**11. FILE NOW!!! Due by May 1, 2005**  
See Block 11 instructions for fee info.

9. Capital Contributions as Shown on record. **\$5,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **1,185,624.00**

**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 #		STREET ADDRESS	<b>100048855611</b>
NAME	<b>FERNANDEZ, MAXIMA G</b>	CITY-ST-ZIP	<b>03/22/05--01041--003 **526.25</b>
STREET ADDRESS	<b>3019 WEST SITKA STREET</b>		
CITY-ST-ZIP	<b>TAMPA FL 33614</b>		
DOCUMENT #		STREET ADDRESS	
NAME	<b>GALLAR, MELVIN</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>3019 WEST SITKA STREET</b>		
CITY-ST-ZIP	<b>TAMPA FL 33614</b>		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Maxima Fernandez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**3/8/05**

Date

**\$ 526.25**

Daytime Phone #

STAPLE CHECK HERE