


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006.**

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # A95000000840				
1. Entity Name ALVAREZ & ALVAREZ, LTD.				
Principal Place of Business 2810 SAFE HARBOR DR. TAMPA FL 33618-4538		Mailing Address 2810 SAFE HARBOR DR. TAMPA FL 33618-4538		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent ALVAREZ, SERGIO 2810 SAFE HARBOR DR. TAMPA FL 33618-4538				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE _____



1st MOORE CR2E003 (10/05)

4. FEI Number **59-3320775** Applied For Not Applicable

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

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

**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 # NAME STREET ADDRESS CITY-ST-ZIP	ALVAREZ, SERGIO 2810 SAFE HARBOR DR. TAMPA FL 33618-4538	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	ALVAREZ, ZENIA 2810 SAFE HARBOR DR. TAMPA FL 33618-4538	STREET ADDRESS CITY-ST-ZIP	02/18/06-80035-005 500.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	ALVAREZ, DENNIS 14105 RIVERSTONE DR. TAMPA FL 33624	STREET ADDRESS CITY-ST-ZIP	
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STAPLE CHECK HERE

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: *Dennis Alvarez* **DENNIS ALVAREZ 2/2/06 961-887** (813)