

**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2008**

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3320775

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

1st MOORE

CR2E003 (10/07)

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

DENNIS ALVAREZ

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

14105 RIVERSTONE DR.

City

TAMPA

FL

Zip Code

33624

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

*Dennis Alvarez* DENNIS ALVAREZ 02/04/08

Signature, typed or printed name of registered agent and date if applicable.

DATE

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2008, 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

DOCUMENT #	
NAME	ALVAREZ, SERGIO
STREET ADDRESS	2810 SAFE HARBOR DR.
CITY-ST-ZIP	TAMPA FL 33618-4538
DOCUMENT #	
NAME	ALVAREZ, ZENIA
STREET ADDRESS	2810 SAFE HARBOR DR.
CITY-ST-ZIP	TAMPA FL 33618-4538
DOCUMENT #	
NAME	ALVAREZ, DENNIS
STREET ADDRESS	14105 RIVERSTONE DR.
CITY-ST-ZIP	TAMPA FL 33624
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
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CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
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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:

*Dennis Alvarez* DENNIS ALVAREZ 02/04/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone \*

FILED

08 FEB 21 PM 3:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



STAPLE CHECK HERE

813-310-6651