2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # A95000001536

1. Entity Name
TONY FERNANDEZ ENTERPRISES, LTD.

Principal Place of Business	Mailing Address
4600 NORTH HABANA AVE., SUITE 16 TAMPA, FL 33614	4600 NORTH HABANA AVE., SUITE 16 TAMPA, FL 33614

DO NOT WRITE IN THIS SPACE

G1192006 No Chg-LP CR2E003 (11/05)

4. FEI Number
59-2413335
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FERNANDEZ, ANTHONY A
4600 NORTH HABANA AVE., SUITE 16
TAMPA, FL 33614

DO NOT WRITE IN THIS SPACE

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.

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 #	
NAME	FERNANDEZ, ANTHONY A
STREET ADDRESS	4600 NORTH HABANA AVE., SUITE 16
CITY-ST-ZIP	TAMPA, FL 33614
DOCUMENT #	
NAME	FERNANDEZ, STACY R
STREET ADDRESS	3509 WEST PALMIRA AVENUE
CITY-ST-ZIP	TAMPA, FL 33629
DOCUMENT #	
NAME	FERNANDEZ, KIMBERLY K
STREET ADDRESS	4214 WEST PALMIRA AVENUE
CITY-ST-ZIP	TAMPA, FL 33629
DOCUMENT #	
NAME	FERNANDEZ, CHERYL L
STREET ADDRESS	10200 GANDY BLVD., #1329
CITY-ST-ZIP	ST. PETERSBURG, FL 33702
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

STAPLE CHECK HERE

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02/02/06-80063-021 500.00

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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: _____ 1/20/06 8138760502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #