


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 APR 10 AM 11:18

<b>DOCUMENT # A95000001935</b> 1. Entity Name DIFABRIZIO FAMILY ENTERPRISES, LTD.	
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Principal Place of Business 4921 RIVER SHORE DRIVE TAMPA, FL 33603	Mailing Address 4921 RIVER SHORE DRIVE TAMPA, FL 33603
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**DO NOT WRITE IN THIS SPACE**



01132006 No Chg-LP CR2E003 (11/05)

4. FEI Number 59-3350136	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIFABRIZIO, ERNEST  
4921 RIVER SHORE DRIVE  
TAMPA, FL 33603

**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	DIFABRIZIO, ERNEST
STREET ADDRESS	4921 RIVER SHORE DRIVE
CITY-ST-ZIP	TAMPA, FL 33603
DOCUMENT #	
NAME	DIFABRIZIO, LOLA M
STREET ADDRESS	4921 RIVER SHORE DRIVE
CITY-ST-ZIP	TAMPA, FL 33603
DOCUMENT #	
NAME	DIFABRIZIO, GERALD E
STREET ADDRESS	4921 RIVER SHORE DR.
CITY-ST-ZIP	TAMPA, FL 33603
DOCUMENT #	
NAME	DIFABRIZIO, CAROLYN ANN
STREET ADDRESS	4921 RIVER SHORE DR.
CITY-ST-ZIP	TAMPA, FL 33603
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

500072372875  
04/27/06--01034--011 \*\*500.00

**DO NOT WRITE IN THIS SPACE**

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: Ernest D. Fabrizio 4-5-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #