

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # A96000000518 1. Entity Name F.J. AVENTURA, LTD.	
---	---

Principal Place of Business 1033 CEDAR FALLS DR. FT. LAUDERDALE, FL 33327	Mailing Address 1033 CEDAR FALLS DR. FT. LAUDERDALE, FL 33327
---	---

DO NOT WRITE IN THIS SPACE



01242006 No Chg-LP CR2E003 (11/05)

4. FEI Number 65-0645546	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CHANLUENG, KROCHSAMON 1561 NW 159 AVE PEMBROKE PINES, FL 33028

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 *[Signature]* (Manager) 3-14-06
Signature, typed or printed name of registered agent and title if applicable. DATE

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 STREET ADDRESS CITY-ST-ZIP	CHOMPOONICH, PUCHONG E 11803 N.W. 13TH STREET PEMBROKE PINES, FL 33026
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

U00000490821
04/18/06-80070-019 500.00

DO NOT WRITE IN THIS SPACE

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: *[Signature]* March 29 / 06
Signature AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date

STAPLE CHECK HERE