

2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY SEPTEMBER 6, 2006

FILED
Aug 08, 2006 08:00 AM
Secretary of State

DOCUMENT # A97000000312

1. Entity Name

FRANK & NICKY REAL PROPERTY INVESTMENTS, LTD.



Principal Place of Business

17184 VALENCIA BLVD
LOXAHATCHEE FL 33470

Mailing Address

17184 VALENCIA BLVD
LOXAHATCHEE FL 33470

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0754779

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

2nd MOORE

CR2E003 (4/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CFRA, LLC
CORPORATE CENTER THREE AT INT'L PLAZA
4221 W. BOY SCOUT BLVD, 10TH FLOOR
TAMPA FL 33607-5736

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.

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited partnership certifies it did not receive prior notice. Fee to file is \$500.00.

SIGNATURE

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

DATE

File Now!!! Fee is \$900.00 Due By September 6, 2006

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 # P96000089679
NAME R. PEREZ CORPORATION
STREET ADDRESS 17184 VALENCIA BOULEVARD
CITY- ST- ZIP LOXAHATCHEE FL 33470

STREET ADDRESS
CITY- ST- ZIP

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STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

8/1/06 561-422-2975

Date

Daytime Phone

STAPLE CHECK HERE