2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

DOCUMENT # A9700001097

HELEN ROSE TENDRICH FAMILY, LTD.



FILED Apr 17, 2006 08:00 AN Secretary of State

Principal Place of Business 8375 SW 106 STREET MIAMI, FL 33156-3567 Mailing Address 8375 S.W. 106TH STREET MIAMI, FL 33156



DO NOT WRITE IN THIS SPACE

03262006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 65-0752606 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TENDRICH, HOWARD 11355 SOUTH DIXIE HIGHWAY MIAMI, FL 33156

12

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8.	The above named entity submits this statemen	nt for the p	surpose of changing	its registered office o	r registered agent, or both	, in the State of Florida.	I am familiar with, and	accept
	the obligations of registered agent.							-
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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

GENERAL PARTNER INFORMATION

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.

	14.	ADVENTED ANTINET INFORMATION
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	TENDRICH, HELEN ROSE TRUSTEE 8375 S.W. 106TH STREET MIAMI, FL 33156
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
	DOCUMENT # NAME STREET ADDRESS GTY-ST-ZIP	
ERE	DOGUMENT / NAME STREET ADDRESS CITY-ST-ZIP	
E CHECK HERE	Document # Name Street address City-St-Zip	
STAPLE	DOCUMENT # NAME STREET ADDRESS	

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14. I hereby certify that the information supplied with this filling 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:

CDTY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNE

Date

Daytime Prone #