

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

**FILED
Mar 22, 2006 08:00 A
Secretary of State**

DOCUMENT # A97000001930
1. Entity Name
THE V. FIALA FAMILY LIMITED PARTNERSHIP



Principal Place of Business
**12949-74TH AVENUE NORTH
SEMINOLE, FL 34646**

Mailing Address
**12949-74TH AVENUE NORTH
SEMINOLE, FL 34646**



01032006 No Chg-LP CR2E003 (11/05)

4. FEI Number 59-3515886	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FIALA, JAROSLAV S
12949 - 74TH AVENUE NORTH
SEMINOLE, FL 34646**

**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**

1100000426338
04/06/06-80017-022 500.00

**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	FIALA, JAROSLAV S
STREET ADDRESS	12949 - 74TH AVENUE NORTH
CITY - ST - ZIP	SEMINOLE, FL 34646
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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: *Jaroslav S. Fiala* Date 3/20/06 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER