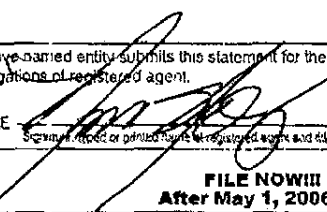
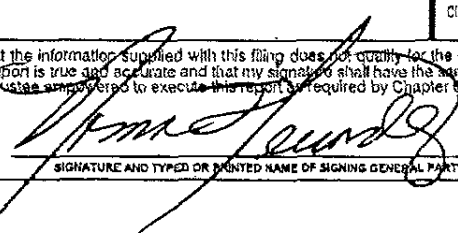


FILED
May 01, 2006 08:00 A
Secretary of State

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT #A97000002795					
1. Entity Name HERNANDEZ INVESTMENTS, LLLP					
Principal Place of Business 2309 WEST MARTIN LUTHER KING BLVD. TAMPA, FL 33607			Mailing Address 2309 WEST MARTIN LUTHER KING BLVD. TAMPA, FL 33607		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEJ Number 59-3486674			Applied For Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HERNANDEZ, NORMA 2309 WEST MARTIN LUTHER KING BLVD. TAMPA, FL 33607			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.					
SIGNATURE  4/28/06					
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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	HERNANDEZ, NORMA		CITY - ST - ZIP		
STREET ADDRESS	2309 WEST MARTIN LUTHER KING BLVD.		STREET ADDRESS	000000554067	
CITY - ST - ZIP	TAMPA, FL 33607		CITY - ST - ZIP	05/15/06-80073-021 500.00	
DOCUMENT #	NAME		STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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NAME			CITY - ST - ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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:  4/28/06 813-829-2778					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					

STAPLE CHECK HERE