

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 18, 2007 08:00 AM
Secretary of State

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**



03172007 No Chg-LP

CR2E003 (12/06)

4. FEI Number

59-3486674

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HERNANDEZ, NORMA
2309 WEST MARTIN LUTHER KING BLVD.
TAMPA, FL 33607**

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

DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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
**HERNANDEZ, NORMA
2309 WEST MARTIN LUTHER KING BLVD.
TAMPA, FL 33607**

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

**DO NOT WRITE
IN THIS SPACE**

U000000715355
04/27/07-80062-003: 500.00

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

Date

Daytime Phone #