2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # A98000001384

1. Entity Name

MIGUEL'S PROPERTIES, LTD.

Principal Place of Business	Mailing Address
3035 W. KENNEDY BLVD TAMPA FL 33609	P.O. BOX 2167 SEFFNER FL 33583

1st MOORE CR2E003 (10/05)

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 59-3512090 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HINES, JAMES P ESQUIRE
HINES & ASSOCIATES, P.A.
315 SOUTH HYDE PARK AVENUE
TAMPA FL 33606

7. Name and Address of New Registered Agent

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

FILE NOW!!! Fee is $500. * After May 1, 2006, fee will be $900. *** Make check payable to Florida Department of State.**

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 #	P98000049602	STREET ADDRESS	
NAME	MIGUEL'S FOOD ENTERPRISES, INC.		
STREET ADDRESS	3035 W. KENNEDY BLVD	CITY-ST-ZIP	U00000420481 02/15/06--80061--001 508.75
CITY-ST-ZIP	TAMPA FL 33609		
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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: Patricia A Rodriguez / PATRICIA A RODRIGUEZ 1-24-06 813-210-7364
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #