

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A99000001727 1. Entity Name SANCHEZ FAMILY INVESTMENTS, LTD.				FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 06 FEB 24 AM 10:32	
Principal Place of Business 18590 NW 67 AVE., #230 HIALEAH, FL 33015		Mailing Address 18590 NW 67 AVE., #230 HIALEAH, FL 33015			
2. Principal Place of Business 18300 NW 62 Avenue Suite, Apt. #, etc. Suite, 300 City & State Hialeah, Florida Zip 33015 Country USA		3. Mailing Address 18300 NW 62 Avenue Suite, Apt. #, etc. Suite, 300 City & State Hialeah, Florida Zip 33015 Country USA			
		01102006 Chg-LP CR2E003 (11/05)		4. FEI Number 65-0953468	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent SANCHEZ, FERNANDO J 18590 NW 67 AVE., #230 HIALEAH, FL 33015			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 18300 NW 62 Avenue Suite 300 City Hialeah FL Zip Code 33015		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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 #	P99000089635		STREET ADDRESS	18300 NW 62 AVE, STE. 300	
NAME	SANCHEZ MANAGMENT, INC.		CITY-ST-ZIP	Hialeah, FL. 33015	
STREET ADDRESS	18590 NW 67 AVE., STE 230		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL 33015		CITY-ST-ZIP	500067189565	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date: 2/16/06 Daytime Phone #: 305-628-4600		

STAPLE CHECK HERE