2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

DOCUMENT # A99000001943

1. Entity Name

LARRINAGA INVESTMENTS, LTD.



FILED Feb 16, 2006 08:00 AM Secretary of State

Principal Place of Business BEAU MONDE #802 4950 GULF BOULEVARD ST. PETERSBURG, FL 33706 Mailing Address

BEAU MONDE #802 4950 GULF BOULEVARD ST. PETERSBURG, FL 33706



DO NOT WRITE IN THIS SPACE

01232006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 59-3613777

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LARRINAGA, ROSARIO A BEAU MONDE #802 4950 GULF BOULEVARD ST. PETERSBURG, FL 3370

DO NOT WRITE IN THIS SPACE

| 4950 GULF BOULEVARD ST. PETERSBURG, FL 33706 | | IN THIS SPACE |
|--|--|---|
| 3. The above the obligat | rnamed entity submits this statement for the purpose of changing its regist itions of registered agent. | sered office or registered agent, or both, in the State of Florida. I am familiar with, and accept |
| SIGNATURE | Signature, typed or printed name of registered agent and title if applicable. | OATE |
| | FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00 | |
| | | MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. rm; an amendment must be filed to change a general partner. |
| 12. | GENERAL PARTNER INFORMATION | |
| DOCUMENT # NAME STREET ADDRESS CRY-ST-ZIP | LARRINAGA, ROSARIO A BEAU MONDE #802, 4950 GULF BOULEVARD ST. PETERSBURG, FL 33706 | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | H00000436025 02/27/06-3002 0- 009- 500.0 0 |
| OOGUMENT # NAME STREET ADDRESS EITY-ST-ZIP | | DO NOT WRITE |
| BOCUMENT # | | IN THIS SPACE |

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: .

STREET ADDRESS CITY-ST-ZIP DOCUMENT

NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT /
NAME
STREET ADDRESS
CITY-ST-ZIP

STAPLE CHECK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/13/06

Dayistic Phone #