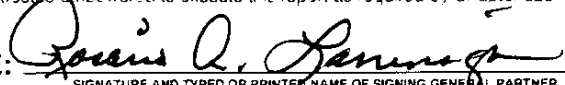


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A99000001943						FILED 07 MAY 18 AM 9:42 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name LARRINAGA INVESTMENTS, LTD.							
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-			
2. Principal Place of Business - No P.O. Box # Boca Sands, F-406				3. Mailing Address Boca Sands, F-406			
4. Suite, Apt. #, etc. 5301 Gulf Blvd				5. Suite, Apt. #, etc. 5301 Gulf Blvd			
6. City & State St. Pete Beach, FL				7. City & State St. Pete Beach, FL			
8. Zip 33706		9. Country USA		10. Zip 33706		11. Country USA	
6. Name and Address of Current Registered Agent LARRINAGA, ROSARIO A BEAU MONDE #802 4950 GULF BOULEVARD ST. PETERSBURG, FL 33706				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Boca Sands, F-406 5301 Gulf Blvd City St. Pete Beach FL 33706			
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 date if applicable							
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				13. ADDRESS CHANGES ONLY			
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP				STREET ADDRESS CITY - ST - ZIP			
LARRINAGA, ROSARIO A BEAU MONDE #802-4950 GULF BOULEVARD- ST. PETERSBURG, FL 33706				Boca Sands, F-406, 5301 Gulf Blvd St. Pete Beach, FL 33706			
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP				STREET ADDRESS CITY - ST - ZIP			
				000103627700 05/31/07--01048--004 **500.00			
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP				STREET ADDRESS CITY - ST - ZIP			
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP				STREET ADDRESS CITY - ST - ZIP			
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP				STREET ADDRESS CITY - ST - ZIP			
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP				STREET ADDRESS 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 820, Florida Statutes. SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER _____ DATE _____ Daytime Phone # _____							