2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A99000001943

1. Entity Name
LARRINAGA INVESTMENTS, LTD.

FILED
07 MAY 18 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04262007 Chg-LP CR2E003 (12/06)

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

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Boca Sands, F-406	Boca Sands, F-406
Suite, Apt. #, etc. 5301 Gulf Blvd	Suite, Apt. #, etc. 5301 Gulf Blvd
City & State St. Pete Beach, FL	City & State St. Pete Beach, FL
Zip 33706 Country USA	Zip 33706 Country USA

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	7. Name and Address of New Registered Agent
LARRINAGA, ROSARIO A ~~BEAU MONDE #802~~ ~~4950 GULF BOULEVARD~~ ~~ST. PETERSBURG, FL 33706~~	Name Street Address (P.O. Box Number is Not Acceptable) Boca Sands, F-406 5301 Gulf Blvd City St. Pete Beach FL ~~Zip~~ 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 Rosario A. Larrinaga DATE
Signature, typed or printed name of registered agent, and title 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	LARRINAGA, ROSARIO A ~~BEAU MONDE #802, 4950 GULF BOULEVARD~~ ~~ST. PETERSBURG, FL 33706~~	STREET ADDRESS CITY-ST-ZIP	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	PA

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: Rosario A. Larrinaga
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #