

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # A00000000867

1. Entity Name
CATHY-DAVID PROPERTIES, LTD.



Principal Place of Business
**1111 CRANDON BOULEVARD, #C-901
KEY BISCAYNE, FL 33149**

Mailing Address
**1111 CRANDON BOULEVARD, #C-901
KEY BISCAYNE, FL 33149**



04042006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1033070

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

8. Name and Address of Current Registered Agent

**PAUL, ROBERT
1111 CRANDON BOULEVARD, #C-901
KEY BISCAYNE, FL 33149**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title is applicable.

DATE

**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

DOCUMENT # **P00000034448**
NAME **PAUL INTELLIGENCE CORP.**
STREET ADDRESS **1111 CRANDON BOULEVARD, #C-901**
CITY-ST-ZIP **KEY BISCAYNE, FL 33149**

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000000496731
04/22/06-80028-009 500.00

**DO NOT WRITE
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:

Robert Paul
Robert S. Paul

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Duplicate Form: 8

STAPLE CHECK HERE