


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 APR 14 AM 8:17

DOCUMENT # A0100000974	
1. Entity Name COSTA DORADA ASSOCIATES, LTD.	

Principal Place of Business 10520 NW 26TH ST SUITE C-201 DORAL, FL 33172	Mailing Address 10520 NW 26TH ST SUITE C-201 DORAL, FL 33172
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**DO NOT WRITE IN THIS SPACE**

03172008 No Chg-LP CR2E003 (12/06)

4. FEI Number 65-1127475	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CABANAS, JOSE E  
 10520 NW 26TH ST  
 SUITE C-201  
 DORAL, FL 33172

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file application.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, 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 # NAME STREET ADDRESS CITY - ST - ZIP	P01000070396 COSTA DORADA ASSOCIATES, INC. 10520 NW 26TH STREET (SUITE C-201) DORAL, FL 33172
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STAPLE CHECK HERE

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: *Jose E. Cabanas*      3/07/08      (305) 513 3639  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      District Phone #

Jose E. Cabanas