2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

DOCUMENT # A0200001695 1. Entity Name CAHABA, LTD.				FILED
				06 MAY 21
				OG MAY 31 AM II: 54
Principal Place	of Business	Mailing Address	_l	TALLAHASSEE STATE
1650 SE 8TH ST FT LAUDERDALE, FL 33316 FT LAUDERDALE, FL 333				SECRETARY OF STATE TALLAHASSEE FLORIDA
TT BIODERDA	EL, IL GOO!	T D ODE OF THE SECOND		
2. Principal Place of Business 717 SE 2 Suite, Apt. #, etc. 3. Mailing Address 717 SE 2 Suite, Apt. #, etc.			d ST	
			31	-
City & Control			1	01122006 Chg-LP CR2E003 (11/05) 4. FEI Number Applied For
Ft. Lawacracile, Ft H. Lawa		tt. Laudere	<u>-</u>	74-3076591 Not Applicat
[™] 33	301 °USA	^{zip} 333301 ^{co}	untin USA	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current F	Registered Agent	Name	7. Name and Address of New Registered Agent
MOON, HARRY K 1650 SE 8TH ST FT LAUDERDALE, FL 33316			20	ane
			Street Address	(P.O. Box Number is Not Acceptable)
			717	SE 2nd ST
			City TH.	Lauderdale FL 2003330
8. The above the obligati	named entity submits this statement for ons of registered agent.	the purpose of changing its registe	ered office or regist	ered agent, or both, in the State of Florida. I am famillar with, and accepted
SIGNATURE -	Hours P	Kom		
~	Signature, typed or printed name of registered agent a			DATE
		!!! FEE IS \$500.00 006, Fee will be \$900.00		
				STERED AND ACTIVE WITH THIS OFFICE. and must be filed to change a general partner.
12.	GENERAL PARTNER			ADDRESS CHANGES ONLY
DOCUMENT # NAME	L02000034526 CAHABA, LLC		TREET ADDRESS -	717 SE Z nd ST
STREET ADDRESS CITY-ST-ZIP	1650 SE 8TH ST FT LAUDERDALE, FL 33316	α	TY-ST-ZIP 7	+. Lauderdale, FL 3330
DOCUMENT #	11000000	SI	TREET ADDRESS	
NAME Street adoress				000076017350
CITY-ST-ZIP		a	TY-ST-ZIP	06/08/0601034018 **900.00
DOCLIMENT # NAME		S	TREET ADDRESS	
STREET ADORESS CITY-ST-ZIP		ci	TY-ST-ZIP	
DOCUMENT #		S	TREET ADDRESS	
NAME Street Address				
CITY-ST-ZIP		C	TY-ST-ZIP	
DOCUMENT / NAME		s	TREET ADDRESS	
STREET ADORESS City-St-Zip		a	ITY-ST-ZIP	
DOCUMENT#		s	TREET ADORESS	
NAME Street Adoress City-St-Zip	•	а	rty-St-ZIP	
14. I hereby o	certify that the information supplied with	this filing does not qualify for the	exemptions contain	ned in Chapter 119, Florida Statutes. I further certify that the information
or the rec	on this report is true and accurate and elver or trustee empowered to execute	this report as required by Chapter	me legal effect as if 620, Florida Statute	made under oath; that I am a General Partner of the limited partnershi s
4	, /	10		
SIGNAT	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Me Kee	1	3/20/06