

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

2006 APR 13 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A05000001619 1. Entity Name CABI SEABREEZE, LLLP.					
Principal Place of Business 19950 W. COUNTRY CLUB DRIVE SUITE 900 AVENTURA, FL 33180			Mailing Address 19950 W. COUNTRY CLUB DRIVE SUITE 900 AVENTURA, FL 33180		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SARIOL, MARIO 19950 W. COUNTRY CLUB DRIVE SUITE 900 AVENTURA, FL 33180				7. Name and Address of New Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road City Plantation FL Zip Code 33324	
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 if applicable. PETER F. SOUZA ASSISTANT SECRETARY DATE 4/12/06					
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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	L05000081663		STREET ADDRESS		
NAME	CABI GP SEABREEZE, LLC		CITY-ST-ZIP		
STREET ADDRESS	19950 W. COUNTRY CLUB DRIVE		STREET ADDRESS		
CITY-ST-ZIP	AVENTURA, FL 33180		CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 620, Florida Statutes SIGNATURE: By: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Jacobs Oboya Daniel, Manager CABI GP SEABREEZE, LLC, GP Date 4/17/06					

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