2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
2006 APR 13 PM 5:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A05000002095

1. Entity Name
CABI SMA RETAIL I, 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

02062006 Chg-LP CR2E003 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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: PETER F. SOUZA, ASSISTANT SECRETARY — 4/12/06
Signature, typed or printed name of registered agent and title if 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L05000110416	STREET ADDRESS	
NAME	CABI GP SMA, LLC		
STREET ADDRESS	19950 W. COUNTRY CLUB DRIVE SUITE 900	CITY-ST-ZIP	
CITY-ST-ZIP	AVENTURA, FL 33180		
DOCUMENT #		STREET ADDRESS	200072413402
NAME			04/27/06--01041--010 **500.00
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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

CABI GP SMA, LLC, GP

SIGNATURE: By: ____ 4/7/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

Jacobo Cababie Daniel, Manager