


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 7, 2005

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

05 JUN 13 AM 8:58

DOCUMENT # B04000000129							
1. Entity Name C.P.S LIMITED PARTNERSHIP							
Principal Place of Business 4141 N.W. 5TH STREET #100 PLANTATION, FL 33317			Mailing Address 4141 N.W. 5TH STREET #100 PLANTATION, FL 33317				
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 14-1905187			
				Applied For Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
D'AGUILAR, CECIL 4141 N.W. 5TH STREET #100 PLANTATION, FL 33317			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
9. Capital Contributions as Shown on record. \$10,000.00		10. Amount of Capital Contributions in FLORIDA to date.		In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.			
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 #	L01000019218		STREET ADDRESS				
NAME	FALCON ENTERPRISE LLC		CITY-ST-ZIP				
STREET ADDRESS	4141 N.W. 5TH STREET						
CITY-ST-ZIP	PLANTATION, FL 33317						
DOCUMENT #			STREET ADDRESS	100056611931			
NAME			CITY-ST-ZIP	06728705--01038--002 ***475.25			
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CITY-ST-ZIP							
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Cecil D'Aguiar</u> General Mgr. For Falcon ENT LLC. <u>5/25/05</u>							
				Date Daytime Phone #			

STAPLE CHECK HERE