


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 2006 APR 13 AM 2:00
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A05000002097 1. Entity Name CABI SMA TOWER I, LLLP	
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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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip Country	City & State Zip Country
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4. FEI Number	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SARIOL, MARIO 19950 WEST 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
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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 <u>PETER F. SOUZA</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE <u>4/24/06</u>

FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00	
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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.	
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12. GENERAL PARTNER INFORMATION	13. ADDRESS CHANGES ONLY
DOCUMENT # L05000110416 NAME CABI GP SMA, LLC STREET ADDRESS 19950 W. COUNTRY CLUB DRIVE, SUITE 900 CITY-ST-ZIP AVENTURA, FL 33180	STREET ADDRESS CITY-ST-ZIP
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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	
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SIGNATURE By: <u>Jacobo Caballe Daniel</u> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	Date <u>4/17/06</u> <small>Date</small>
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STAPLE CHECK HERE