FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 AUG 28 AM 9:59

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006

DOCUMENT # A05000002040

1. Entity Name
CABRERA PARTNERS, LLLP

Principal Place of Business	Mailing Address
330 S.W. 27TH AVENUE, SUITE 203 MIAMI, FL 33135	330 S.W. 27TH AVENUE, SUITE 203 MIAMI, FL 33135

08102006 Chg-LP CR2E003 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. 125
City & State	City & State Coral Gables, FL
Zip / Country	Zip / Country 33146 / USA

4. FEI Number
20-6651177
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVE., SUITE 125 CORAL GABLES, FL 33146	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
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!! FEE IS $500.00
Due by September 6, 2006

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 #		STREET ADDRESS	
NAME	CABRERA, TOMAS A	CITY-ST-ZIP	
STREET ADDRESS	330 S.W. 27TH AVENUE, SUITE 203		
CITY-ST-ZIP	MIAMI, FL 33135		
DOCUMENT #		STREET ADDRESS	
NAME	CABRERA, LOURDES C	CITY-ST-ZIP	08/31/06--01040--022 **500.00
STREET ADDRESS	330 S.W. 27TH AVENUE, SUITE 203		
CITY-ST-ZIP	MIAMI, FL 33135		
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STREET ADDRESS			
CITY-ST-ZIP			

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

SIGNATURE: _____ 8/17/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #