# 2006 LIMITED PARTNERSHIP ANNUAL REPORT
**Due By May 1, 2006**

**FILED**
**Apr 26, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # A00000000185

1. Entity Name
826 C.A., LTD.

| Principal Place of Business | Mailing Address |
|---|---|
| 407 LINCOLN ROAD, SUITE 9-F<br>MIAMI BEACH, FL 33139 | 407 LINCOLN ROAD, SUITE 9-F<br>MIAMI BEACH, FL 33139 |

**DO NOT WRITE IN THIS SPACE**

04112006 No Chg-LP CR2E003 (11/05)

4. FEI Number
65-0979248
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COMRAS, MICHAEL A
407 LINCOLN ROAD, SUITE 9-F
MIAMI BEACH, FL 33139

**DO NOT WRITE IN THIS SPACE**

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 _____ U00000535402
Signature, typed or printed name of registered agent and title if applicable. 05/08/06-80049-010 500.00
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

| | |
|---|---|
| DOCUMENT # | P00000008704 |
| NAME | 826 C.A., INC. |
| STREET ADDRESS | 407 LINCOLN ROAD, SUITE 9-F |
| CITY-ST-ZIP | MIAMI BEACH, FL 33139 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE IN THIS SPACE**

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:** _____ 4/11/06 (305)538-0433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #