

**2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008**

**FILED
Mar 25, 2008 08:00 AM
Secretary of State**

| | |
|----------------------------------|--|
| DOCUMENT # A0000000185 | |
| 1. Entity Name 826 C.A., LTD. | |



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



03042008 No Chg-LP CR2E003 (12/06)

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| | |
|---|---------------------------------------|
| 4. FEI Number 65-0979248 | 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 |
| COMRAS, MICHAEL A 407 LINCOLN ROAD, SUITE 9-F MIAMI BEACH, FL 33139 |

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | DATE _____ |
|---|------------|

**FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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 # NAME STREET ADDRESS CITY-ST-ZIP | P00000008704 826 C.A., INC. 407 LINCOLN ROAD, SUITE 9-F MIAMI BEACH, FL 33139 |
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U00000869583
04/09/08-80055-019 500.00

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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

| | | |
|---|-----------------|---------------------------------|
| SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> | Date 3/16/08 | Daytime Phone # 305-532-0133 |
|---|-----------------|---------------------------------|