

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 MAY 19 AM 9:38

DOCUMENT # A00000000516 1. Entity Name SOUTHVEST CDO FUND LIMITED PARTNERSHIP			
Principal Place of Business C/O ARSENAULT & REARDON, P.A. 10225 ULMERTON ROAD, SUITE 2 LARGO, FL 33771		Mailing Address 455 N INDIAN ROCKS RD, STE B BELLEAIR BLUFFS, FL 33770	
2. Principal Place of Business 10225 Ulmerton Rd, Suite 2		3. Mailing Address 10225 Ulmerton Rd, Suite 2	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Largo, FL		City & State Largo, FL	
Zip 33771		Zip 33771	
Country USA		Country USA	
4. FEI Number 59-3632518		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 ARSENAULT & REARDON, P.A. 10225 ULMERTON ROAD, SUITE 2 LARGO, FL 33771		7. Name and Address of New Registered Agent 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>			
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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P00000027384 SOUTHVEST CDO FUND MANAGEMENT, INC. 455 N INDIAN ROCKS RD, STE B BELLEAIR BLUFFS, FL 33770	STREET ADDRESS CITY-ST-ZIP	10225 Ulmerton Rd. Suite 2 Largo, FL 33771
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	500075559025 05/31/06--01032--012 **\$76.25
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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			
SIGNATURE: _____ Greg D. Veltman 4/20/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			

STAPLE CHECK HERE