

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 FEB 20 AM 8:51

DOCUMENT # A00000000885

1. Entity Name
PARAMOUNT POINT LIMITED PARTNERSHIP



Principal Place of Business
C/O ROBERT SPIEGEL 340 Royal Poinciana Way
50 COCONUT ROW, STE 212 Ste 326
PALM BEACH, FL 33480

Mailing Address
P.O. BOX 11
PALM BEACH, FL 33480

DO NOT WRITE IN THIS SPACE

01262006 No Chg-LP CR2E003 (11/05)

4. FEI Number
65-1041087

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL, ROBERT
50 COCONUT ROW, STE 212
PALM BEACH, FL 33480

340 Royal Poinciana Way
Ste 326

**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

Signature, typed or printed name of registered agent and title if applicable.

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 # P00000052603
NAME CENTREPOINT HOLDINGS, INC.
STREET ADDRESS P.O. BOX 11
CITY-ST-ZIP PALM BEACH, FL 33480

DOCUMENT #
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000066800110
02/28/06--01017--009 **500.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE