


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

05 MAR -7 AM 9:26

DOCUMENT # A00000001214					
1. Entity Name CUADRA ASSET MANAGEMENT, LTD.					
Principal Place of Business 330 REDWOOD LANE KEY BISCAVNE, FL 33149			Mailing Address 330 REDWOOD LANE KEY BISCAVNE, FL 33149		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03042005 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number 65-1043695	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
DECUADRA, GABRIEL M 330 REDWOOD LANE KEY BISCAVNE, FL 33149				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>					
9. Capital Contributions as Shown on record. \$160,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 #	P00000073549			STREET ADDRESS	
NAME	CUADRA MANAGEMENT CORP.			CITY-ST-ZIP	
STREET ADDRESS	330 REDWOOD LANE				
CITY-ST-ZIP	KEY BISCAVNE, FL 33149				
DOCUMENT #				STREET ADDRESS	900048186639
NAME				CITY-ST-ZIP	03/11/05--01007--006 **526.25
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CITY-ST-ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Gabriel M. Decuadra</i>				3/4/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Date	
				Daytime Phone #	

STAPLE CHECK HERE