


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

**FILED
Feb 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # A00000001214
1. Entity Name
CUADRA ASSET MANAGEMENT, LTD.



Principal Place of Business
**330 REDWOOD LANE
KEY BISCAIYNE, FL 33149**

Mailing Address
**330 REDWOOD LANE
KEY BISCAIYNE, FL 33149**



02162006 No Chg-LP CF2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1043695 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DECUADRA, GABRIEL M
330 REDWOOD LANE
KEY BISCAIYNE, FL 33149**

**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

000000448071
03/08/06 8000 007 500.00

**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 #	P00000073549
NAME	CUADRA MANAGEMENT CORP.
STREET ADDRESS	330 REDWOOD LANE
CITY-ST-ZIP	KEY BISCAIYNE, FL 33149
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
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: Gabriel M. Decuadra FEB 21 2006

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Day/Mo/Year Phone #