2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DOCUMENT # A00000001214

t. Entity Name

CUADRA ASSET MANAGEMENT, LTD.



Principal Place of Business

330 REDWOOD LANE KEY BISCAYNE, FL 33149 Mailing Address

330 REDWOOD LANE KEY BISCAYNE, FL 33149 FILED Feb 19, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

02152007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-1043695

, as the little frequency was also free by a south of the

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

DECUADRA, GABRIEL M 330 REDWOOD LANE KEY BISCAYNE, FL 33149

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	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. the obligations of registered agent.	I am familiar with, and accept
	tile obligations of registered agent.	
SI	GNATURE	
	Signature, typed or printed name of registered agent and title if applicable.	DATE

FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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.

GENERAL PARTNER INFORMATION 12. P00000073549 DOCUMENT # NAME CUADRA MANAGEMENT CORP. STREET ADDRESS 330 REDWOOD LANE CITY-ST-ZIP KEY BISCAYNE, FL 33149 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

U00000641482 2/28/07-80108-012 500

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DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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:>

DOCUMENT #
NAME
STREET ADDRESS
CITY-S1-ZIP
DOCUMENT #
NAME
STREET ADDRESS
CITY-S1-ZIP

SIGNATURE AND TOPED OR PROSTED NAME OF SIGNING GE

FEB 1 5 2007

Date

Daytime Prione #