


**2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008**

DOCUMENT # A0000001214	
1. Entity Name CUADRA ASSET MANAGEMENT, LTD.	

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAR 20 AM 11:27

Principal Place of Business 330 REDWOOD LANE KEY BISCAVNE, FL 33149	Mailing Address 330 REDWOOD LANE KEY BISCAVNE, FL 33149
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 311 Eagle Lakes Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03042008 Chg-LP CR2E003 (12/06)

City & State Friendswood, TX	4. FEI Number 65-1043695	Applied For Not Applicable
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Zip 77546	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DECUADRA, GABRIEL M 330 REDWOOD LANE KEY BISCAVNE, FL 33149	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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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	P00000073549 CUADRA MANAGEMENT CORP. 330 REDWOOD LANE KEY BISCAVNE, FL 33149	STREET ADDRESS CITY-ST-ZIP	311 Eagle Lakes Dr Friendswood, TX 77546
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	200120815822 03/20/08--01022--012 **500.00
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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: Gabriel de Lourenco **03-12-08** **281-648-7916**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #