2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

STAPLE CHECK HERE

	Due By Ma		SECRETAR	LED					
DOCUMENT # A0100000028 1. Entity Name CASSEL FAMILY EQUITY INVESTMENTS, LTD.					DIV C	TSTON OF C	FILED ARY OF STATE CORPORATIONS 4 AM 9: 10		
Principal Place of Business 56 SAMANA DRIVE MIAMI, FL 33133		Mailing Address 56 SAMANA DRIVE MIAMI, FL 33133						#13 01: 10 15 15 15 15 15 15 15	
2. Principal Place of Business 5995 S.W. 97th Street Suite, Apt. #, etc.		3. Mailing Address 5995 S.W. 97th Street Suite, Apt. #, etc.		02252006 CI		CR2E003 (1	1/05)		
	iami, FL	City & State Miami, FL			4. FEI Number 65-1068882	<u> </u>		Applied For Not Applicable	
Zip 33	3156 Country	^{Zi} 5 3156	Coun	stry	5. Certificate of Stat	ius Desired		5 Additional equired	
6. Name and Address of Current Registered Agent CASSEL, DAVID 56 SAMANA DRIVE MIAMI, FL 33133					Cassel, David reet Address (P.O. Box Number is Not Acceptable) 7995 S.W. 97th Street				
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 little all applicable.									
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.					ADDRESS CHANGES ONLY				
NAME STREET ADDRESS CITY-ST-ZIP	CASSEL, ETHEL TRUSTEE 56 SAMANA DRIVE MIAMI, FL 33133			ST-ZIP				_	
DOCUMENT #	CASSEL, DAVID TRUSTEE		STREE	T ADDRESS 599	95 S.W. 97th	Street			
STREET ADDRESS CITY-ST-ZIP	56 SAMANA DRIVE MIAMI, FL 33133			ST-ZIP M1 &	Miami, FL 33156				
NAME.	CASSEL, JOHN TRUSTEE			T ADDRESS 895	8950 N. Kendall Drive, Suite 106				
STREET ADDRESS CITY-ST-ZIP	56 SAMANA DRIVE MIAMI, FL 33133		CITY-	ST-ZIP Mia	mi, FL 331	.76 			
NAME STREET ADDRESS			STREE	T ADDRESS					
CITY-ST-ZIP DOCUMENT /			CITY-S	ST - ZIP		9 747 6 01008)354	9	
NAME STREET ADDRESS			STREET	T ADDRESS	05/17/06-	01U08	006 **	500.00	
CITY-ST-ZIP DOCUMENT			CITY-S	T-ZIP					
NAME STREET ADDRESS				ADDRESS					
14. I hereby c	ertify that the information supplied with th	is filing does not qualify for	CITY-S the exe	motions contained	in Chapter 119, Florida	a Statutes. I furth	er 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: Daysing Phone of Daysing Phon									