


**2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006**

**FILED
Aug 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # A01000000974 1. Entity Name COSTA DORADA ASSOCIATES, LTD.	
--	---

Principal Place of Business 10520 NW 26TH ST SUITE C-201 MIAMI, FL 33172	Mailing Address 10520 NW 26TH ST SUITE C-201 MIAMI, FL 33172
---	---



07282006 No Chg-LP CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1127475	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CABANAS, JOSE E
10520 NW 26TH ST
SUITE C-201
MIAMI, FL 33172

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$500.00
Due by September 6, 2006**

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**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 #	P01000070396
NAME	COSTA DORADA ASSOCIATES, INC.
STREET ADDRESS	10520 NW 26TH STREET (SUITE C-201)
CITY-ST-ZIP	MIAMI, FL 33172
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

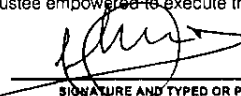
U00000573037
08/01/06-80011-012 500.00

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:

 JOSE E. CABANAS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7/28/06 (305) 513-3639

Date Daytime Phone #