2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A01000000974

Entity Name: COSTA DORADA ASSOCIATES, LTD.

FILED Feb 03, 2009 Secretary of State

| Current Principal Place of Business: | | New Principal Place of Business: | |
|--|---------------------------------|---|---------------------------------------|
| 10520 NW 26TH ST SUITE C-201 DORAL, FL 33172 | | | |
| Current Mailing Address: | | New Mailing Address: | |
| 10520 NW 26TH ST SUITE C-201 DORAL, FL 33172 | | | |
| FEI Number: 65-1127475 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () |
| Name and Address of Current Registered Agent: | | Name and Address of New Registered Agent: | |
| CABANAS, JOSE E 10520 NW 26TH ST SUITE C-201 DORAL, FL 33172 US | | | |
| The above named entity s in the State of Florida. | ubmits this statement for the p | ourpose of changing its registered | d office or registered agent, or both |
| SIGNATURE: | | | |
| Electronic Signature of Registered Ager | | ent | Date |
| GENERAL PARTNER INFORM | ATION: | ADDRESS CHANGES ONL | Y: |
| Document #: P01000070396 | | | |

Name:

COSTA DORADA ASSOCIATES, INC.

10520 NW 26TH STREET (SUITE C-201) Address: City-St-Zip:

DORAL, FL 33172

Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 02/03/2009