## 2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

## Apr 27, 2006 08:00 AN Secretary of State DOCUMENT # A02000000588 1. Entity Name CSPR, LTD. Principal Place of Business Mailing Address 2201 RIVERVIEW BOULEVARD 11624 OLD TAMPA ROAD PARRISH, FL 34219 BRADENTON, FL 34205 03092006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1031914 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent CHIN, STUART W DO NOT WRITE 2201 RIVERVIEW BOULEVARD BRADENTON, FL 34205 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 Signature, typed or printed name of registered agent and title if 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. GENERAL PARTNER INFORMATION P00000074267 DOCHMENT # CHIN PROPERTIES, INC. NAME STREET ADDRESS 2201 RIVERVIEW BOULEVARD U00000538453 CITY-ST-ZIP BRADENTON, FL 34205 05/09/06-80059-008 500.00 DOCUMENT # NAME STREET ADDRESS CITY-ST-7IP DOCUMENT # DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CRTY-ST-ZIP DOCUMENT # NAME STREET ADDRESS City-St-78 DOCUMENT # NAME

Stuart W. CHIN, GENERAL PARTNER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

14. I hereby certify that the information supplied with this filling 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

STREET ADDRESS CITY-ST-ZIP

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**FILED**