


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**May 05, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A02000000939</b> 1. Entity Name CD68GP, LTD.					
Principal Place of Business 1350 E. NEWPORT CENTER DR., STE. 206 DEERFIELD BEACH, FL 33442			Mailing Address 1350 E. NEWPORT CENTER DR., STE. 206 DEERFIELD BEACH, FL 33442		
2. Principal Place of Business Suite, Apt #, etc.			3. Mailing Address Suite, Apt #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 56-2322077	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent KAY, JAMES R ESQ KAY LAW OFFICES 700 VILLAGE SQUARE CROSSING., STE 102B PALM BEACH GARDENS, FL 33410				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$98.99</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	P02000075711		STREET ADDRESS		
NAME	CD68, INC.		CITY - ST - ZIP	000000362838	
STREET ADDRESS	1350 E. NEWPORT CENTER DR., STE. 206		CITY - ST - ZIP	05/05/05-80132-016 150.00	
CITY - ST - ZIP	DEERFIELD BEACH, FL 33442		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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					
<b>SIGNATURE:</b> <i>Linda Kassof</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date: <i>04/22/2005</i> Daytime Phone #: <i>(954) 428-4585</i>		

STAPLE CHECK HERE