


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

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

DOCUMENT # A02000000954	
1. Entity Name CLUB DEAL 68, LIMITED PARTNERSHIP	

Principal Place of Business 1350 EAST NEWPORT CENTER DRIVE, SUITE 206 DEERFIELD BEACH, FL 33442	Mailing Address 1350 EAST NEWPORT CENTER DRIVE, SUITE 206 DEERFIELD BEACH, FL 33442
---	---

2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03152005 Chg-LP CR2E003 (10/03)

4. FEI Number 02-0633389	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
--	--------------------------------

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KAY, JAMES R ESQ KAY LAW OFFICES 700 VILLAGE SQUARE CROSSING., STE 102B PALM BEACH GARDENS, FL 33410		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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$1,700,000.00	10. Amount of Capital Contributions in FLORIDA to date.
---	---

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	A02000000939	STREET ADDRESS	
NAME	CD68GP, LTD.	CITY-ST-ZIP	
STREET ADDRESS	1350 EAST NEWPORT CENTER DRIVE, SUITE 206		
CITY-ST-ZIP	DEERFIELD BEACH, FL 33410		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

1100000362766  
05/05/05-80129-026 535.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Linda Kassaf* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** *Linda Kassaf* **DATE** *04/22/2005* **DAYTIME PHONE #** *(954) 428-4585*

STAPLE CHECK HERE