




2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006

DOCUMENT # A02000001140 1. Entity Name CEBU, LTD.				SEC. OF STATE DIVISION OF BANKING & FINANCE 06 FEB 24 AM 10:34	
Principal Place of Business 1717 WOOLBRIGHT ROAD BOYNTON BEACH FL 33426 <i>Change ↘</i>		Mailing Address 1717 WOOLBRIGHT ROAD BOYNTON BEACH FL 33426 <i>Change ↘</i>			
2. Principal Place of Business 4910 S. Lake Drive Suite, Apt. #, etc.		3. Mailing Address 4910 S. Lake Drive Suite, Apt. #, etc.			
City & State Boynton Bch. Fl. Zip 33436 Country USA		City & State Boynton Bch. Fl. Zip 33436 Country USA			
4. FEI Number 55-0795303		Applied For <input type="checkbox"/> Not Applicable		1st MOORE CR2E003 (10/05)	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent CHUA, JONATHAN 4910 SOUTHLAKE DRIVE BOYNTON BEACH FL 33436			
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>					
FILE NOW!!! Fee is \$500. *** After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.					
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 #	P04000094608		STREET ADDRESS		
NAME	CEBU ENTERPRISES, INC.		CITY-ST-ZIP		
STREET ADDRESS	4910 SOUTHLAKE DRIVE		CITY-ST-ZIP		
CITY-ST-ZIP	BOYNTON BEACH FL 33436		CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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: 			JONATHAN CHUA FEB 8 2006		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE