

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

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A02000001283**

1. Entity Name  
**FORT LAUDERDALE CY II, LTD.**



Principal Place of Business  
**ONE S.E. THIRD AVENUE, SUITE 3050  
MIAMI, FL 33131**

Mailing Address  
**ONE S.E. THIRD AVENUE, SUITE 3050  
MIAMI, FL 33131**



01052006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**76-0714163**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**ROSENBERG, DONALD S  
ONE S.E. THIRD AVENUE, SUITE 3050  
MIAMI, FL 33131**

**DO NOT WRITE  
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

DATE \_\_\_\_\_

**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**

DOCUMENT # **L02000024098**  
NAME **KGN/BRADLEY ASSOCIATES FLORIDA, LLC**  
STREET ADDRESS **ONE S.E. THIRD AVENUE, SUITE 3050**  
CITY-ST-ZIP **MIAMI, FL 33131**

DOCUMENT # **L02000014933**  
NAME **CY GENERAL PARTNER, LLC**  
STREET ADDRESS **1065 KANE CONCOURSE, SUITE 201**  
CITY-ST-ZIP **BAY HARBOR ISLANDS, FL 33154**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000475726  
04/05/06-80027-012 508.75

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**3/16/06 (30) 813-6981**

STAPLE CHECK HERE