

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

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A03000001233**

1. Entity Name  
**CD83 CONTRACTORS BUSINESS PARK ORLANDO, LTD.**



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**



04212006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**20-0193571**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**KAY LAW OFFICES  
700 VILLAGE SQUARE CROSSING, SUITE 102B  
PALM BEACH GARDNES, FL 33410**

**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.

**U00000543328**  
**05/10/06-80131-020 508.75**

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 # **L03000032332**  
NAME **CD83 CONTRACTORS BUSINESS PARK, LLC**  
STREET ADDRESS **1350 EAST NEWPORT CENTER DRIVE, SUITE 206**  
CITY- ST- ZIP **DEERFIELD BEACH, FL 33442**

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**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:**

*Linda G. Kassof*

**Linda G. Kassof**

**04/27/2006**

**(954) 428-4585**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE