


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

**FILED
Jan 28, 2005 08:00 AM
Secretary of State**

DOCUMENT # A03000001549					
1. Entity Name CATALINA MASTER ASSOCIATES, LTD.					
Principal Place of Business 44 COCOANUT ROW, SUITE T1/T2 PALM BEACH, FL 33480			Mailing Address 44 COCOANUT ROW, SUITE T1/T2 PALM BEACH, FL 33480		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 75-3138428	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LUBITZ, CHARLES A 515 NORTH FLAGLER DRIVE, SUITE 1700 WEST PALM BEACH, FL 33401			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 filed if applicable</small>					
9. Capital Contributions as Shown on record		\$1,500,000.00		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 #	P03000094198		STREET ADDRESS		
NAME	BMT ASSOCIATES, INC.				
STREET ADDRESS	44 COCOANUT ROW, SUITE T1/T2			U000000202495	
CITY - ST - ZIP	PALM BEACH, FL 33480		CITY - ST - ZIP	01/28/05-80113-009 526.25	
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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.					
SIGNATURE: <i>[Signature]</i>			Date: <i>1/14/05</i>		561-835-8110
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					



STAPLE CHECK HERE