## 2006 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2006

DOCUMENT # A03000001549

CATÁLINA MASTER ASSOCIATES, LTD.



FILED Jan 11, 2006 08:00 AM **Secretary of State** 

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

 $\Box$ 

## DO NOT WRITE IN THIS SPACE

01052006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 75-3138428

Applied For Nut Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LUBITZ, CHARLES A 515 NORTH FLAGLER DRIVE, SUITE 1700 WEST PALM BEACH, FL 33401

## 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.	

NAME

CHECK HERE

STAPLE

STREET ADDRESS CITY-ST-ZIP

DOCUMENT #

CITY-ST-ZIP DOCUMENT A

STREET ADDRESS

STREET ADDRESS CITY-ST-7/P

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

Signature, typed or printed name of registered agent and little if applicable

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.

GENERAL PARTNER INFORMATION 12. P03000094198 DOCUMENT # BMT ASSOCIATES, INC. MAME STREET ADDRESS 44 COCOANUT ROW, SUITE T1/T2 CHY-ST-ZIP PALM BEACH, FL 33480 DOCUMENT # NAME STREET ADORESS CITY-ST-ZIP DOCUMENT #

1100000382308 01/12/06-80003-010 500.00

DO NOT WRITE IN THIS SPACE

14. Thereby certify that the information supplied with this filling 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:

1RESCOTT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER