2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DO NOT WRITE IN THIS SPACE

DOCUMENT # A03000001549

CATALINA MASTER ASSOCIATES, LTD.



FILED Jan 08, 2007 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



01052007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 75-3138428

Applied For Not 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 SDACE

		IN THIS SPACE
8. The above the obligat	e named entity submits this statement for the purpose of changing its regions of registered agent.	istered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, type-d or printed nortid of registered agont and tide if applicable	DAIF
	FILE NOW!!! FEE IS \$500.00 + After May 1, 2007, Fee will be \$900.0	0
	A GENERAL PARTNER THAT IS A BUSINESS ENTI NOTE: General Partners MAY NOT be changed on the	Y MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. form; an amendment must be filed to change a general partner.
DOCUMENT / NAME SIREET ADDRESS CITY-ST-ZIP	GENERAL PARTNER INFORMATION P03000094198 BMT ASSOCIATES, INC. 44 COCOANUT ROW, SUITE T1/T2 PALM BEACH, FL 33480	y U00000579129 01/09/07-80057-016 500.00
DOCUMENT / NAME STREET ADDRESS CITY+ST-ZIP		
DOCUMENT / NAME. STREET ADDRESS CITY-ST-ZIP	·	DO NOT WRITE
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
DOCUMENT / NAME STREET ADDRESS		

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 inclicated 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:

DOCUMENT / NAME. STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

AUTHORILD AGENT