


**2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007**

**FILED
Jan 08, 2007 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**

DO NOT WRITE IN THIS SPACE



01052007 No Chg-LP CR2E003 (12/06)

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

**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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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 # NAME STREET ADDRESS CITY-ST-ZIP	P03000094198 BMT ASSOCIATES, INC. 44 COCOANUT ROW, SUITE T1/T2 PALM BEACH, FL 33480
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IN THIS SPACE**

U00000579129
01/09/07-80057-016 500.00

STAPLE CHECK HERE

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]* **PRESCOTT ESTER**
AUTHORIZED AGENT

Date: 1/1/07 **521-835-8118**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daylong Program #