


**2008 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2008**

<b>DOCUMENT # A03000001549</b>	
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
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**DO NOT WRITE IN THIS SPACE**

FILED  
08 JAN -9 AM 8:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01042008 No Chg-LP	CR2E003 (12/06)
4. FEI Number 75-3138428	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
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**FILE NOW!!! FEE IS \$500.00  
After May 1, 2008, 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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01/09/08--01040--011 \*\*500.00 ✓

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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	PRESCOTT LESTER AUTH SIG. Date	1/4/08 Date	561-835-8110 Daytime Phone #
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