2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006

FILED
May 04, 2006 08:00 AM
Secretary of State

DOCUMENT # A03000001761

1. Entity Name
CAD INVESTMENTS, LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
850 BEACH ROAD, #180 INDIAN RIVER SHORES, FL 32963	850 BEACH ROAD, #180 INDIAN RIVER SHORES, FL 32963

DO NOT WRITE IN THIS SPACE

05112006 No Chg-LP CR2E003 (11/05)

4. FEI Number
20-0519784
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FENNELL, TODD W
979 BEACHLAND BLVD.
VERO BEACH, FL 32963

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
Due by September 6, 2006

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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 #	L03000049801
NAME	CAD MANAGEMENT, L.L.C.
STREET ADDRESS	850 BEACH ROAD, #180
CITY-ST-ZIP	INDIAN RIVER SHORES, FL 32963
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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05/20/06-80016-026 500.00

DO NOT WRITE IN THIS SPACE

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: Charles A. Cain 5-11-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #