

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

**FILED**  
**Apr 25, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A03000001761</b> 1. Entity Name CAD INVESTMENTS, LIMITED PARTNERSHIP	
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Principal Place of Business 850 BEACH ROAD, #180 INDIAN RIVER SHORES, FL 32963	Mailing Address 850 BEACH ROAD, #180 INDIAN RIVER SHORES, FL 32963
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**DO NOT WRITE IN THIS SPACE**



02122007 No Chg-LP CR2E003 (12/06)

4. FEI Number 20-0519784	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  FENNELL, TODD W 979 BEACHLAND BLVD. VERO BEACH, FL 32963
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**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 _____ <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, 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 #	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	
DOCUMENT #	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

U00000730753  
05/08/07-80093-002 500.00

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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: <u>Charles A. Qui</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<u>2/15/07</u> <small>Date</small>	<u>772-234-7145</u> <small>Daytime Phone #</small>
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