

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

07 FEB 23 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A04000000156

1. Entity Name
CABRITA ASSOCIATES, L.L.P.



Principal Place of Business
240 S. PINEAPPLE AVE., 10TH FLOOR
SARASOTA, FL 34236

Mailing Address
240 S. PINEAPPLE AVE., 10TH FLOOR
SARASOTA, FL 34236



02012007 No Chg-LP

CR2E003 (12/06)

4. FEI Number
20-0669613

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BAND, DAVID S
240 S. PINEAPPLE AVE., 10TH FLOOR
SARASOTA, FL 34236

**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

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

DATE

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 # P99000006398
NAME FLAMINGO CONSULTING AND MANAGEMENT, INC.
STREET ADDRESS 240 S. PINEAPPLE AVE., 10TH FLOOR
CITY-ST-ZIP SARASOTA, FL 34236

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CITY-ST-ZIP

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800089613798
02/27/07--01057--015 **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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #