

# **2006 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A04000000362

Entity Name: CSMB ASSOCIATES, LTD.

**FILED**  
**Apr 28, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

355 ALHAMBRA CIRCLE  
SUITE 900  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

355 ALHAMBRA CIRCLE  
SUITE. 900  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 34-1988708

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COBB, KOLLEEN O.P.  
355 ALHAMBRA CIRCLE  
SUITE. 900  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: P04000040527  
Name: CSMB GP, INC.  
Address: 355 ALHAMBRA CIRCLE, SUITE 900  
City-St-Zip: CORAL GABLES, FL 33134

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KOLLEEN OP COBB

VP

04/28/2006

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date