2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

DO NOT WRITE IN THIS SPACE

DOCUMENT # A0400000695

FLATAUR CD88, LTD.



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Principal Place of Business

1350 EAST NEWPORT CENTER DRIVE

SUITE 206

DEERFIELD BEACH, FL 33442

Mailing Address

1350 EAST NEWPORT CENTER DRIVE SUITE 206

DEERFIELD BEACH, FL 33442

FILED May 01, 2006 08:00 AN Secretary of State



04212006 No Cha-LP

CR2E003 (11/05)

4. FEI Number 20-1146072

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Ø Fee Required

6. Name and Address of Current Registered Agent

KAY LAW OFFICES C/O JAMES R. KAY, ESQ. 700 VILLAGE SQUARE CROSSING, SUITE 102B PALM BEACH GARDENS, FL 33410

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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 Signature, typed or printed name of registered agent and title if applicable	DATE
FILE NOW!!! FEE IS \$500.00	

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.

GENERAL PARTNER INFORMATION 12. DOCUMENT# CD88, LLC NAME STREET ADDRESS 1350 EAST NEWPORT CENTER DRIVE DEERFIELD BEACH, FL 33442 CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CHTY-ST-ZIP DOCUMENT # MAMI STREET ADDRESS CITY - ST - ZIP DOCUMENT # CHECK NAME STREET ADDRESS CITY - ST - ZIP DOCUMENT # NAME

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14. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CHY-SI-ZIP

TERE

STAPLE

D OR PRINTED NAME OF SIGNING GENERAL PARTNER SIGNATURE AND TY

Linda G. Kassof

04/27/2006

(954) 428-4585

Daylime Phone #