2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By Way 1, 2005

SIGNATURE: 🗘

#FILED SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # A0400001457** 05 MAR 14 AM 9: 43 CDH MANAGEMENT, LLLP Principal Place of Business Mailing Address 5601 NORTH DIXIE HIGHWAY, SUITE 209 5601 NORTH DIXIE HIGHWAY, SUITE 209 FT. LAUDERDALE, FL 33334 FT. LAUDERDALE, FL 33334 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01142005 Chg-LP CR2E003 (10/03) City & State City & State 4. FEI Number Applied For 20-1601647 - Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KRAMER, ROBERT M Street Address (P.O. Box Number is Not Acceptable) KRAMER, GREEN, ZUCKERMAN, GREENE & BUCHSBA 4000 HOLLYWOOD BLVD., SUITE 485 SOUTH HOLLYWOOD, FL 33021 City Zip Code 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE 10. Amount of Capital Contributions 9. Capital Contributions \$990.00 in FLORIDA to date. as Shown on record. 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 ADDRESS CHANGES ONLY 12. 13. DOCUMENT # STREET ADDRESS CATINELLA, FRANK <u>400048844964</u> STREET ADDRESS 5601 NORTH DIXIE HIGHWAY, SUITE 209 03/22/05--01018--002 **141.25 CITY-ST-7IP FT. LAUDERDALE, FL 33334 CITY-ST-ZIP DOCUMENT # STREET ADDRESS DAVID, IRVING NAME STREET ADDRESS 5601 NORTH DIXIE HIGHWAY, SUITE 209 CITY-ST-ZIP. CITY-ST-ZIP FT. LAUDERDALE, FL 33334 DOCUMENT # STREET ADDRESS NAME HERSKOWITZ, KENNETH STREET ADDRESS 5601 NORTH DIXIE HIGHWAY, SUITE 209 CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE, FL 33334 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signetyre 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 proof as required by Chaptes 650. Florida Statutes