


**2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006**

**FILED
Mar 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # A04000001457

1. Entity Name
CDH MANAGEMENT, LLLP



Principal Place of Business
5601 NORTH DIXIE HIGHWAY, SUITE 209
FT. LAUDERDALE, FL 33334

Mailing Address
5601 NORTH DIXIE HIGHWAY, SUITE 209
FT. LAUDERDALE, FL 33334



03082006 No Chg-LP CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

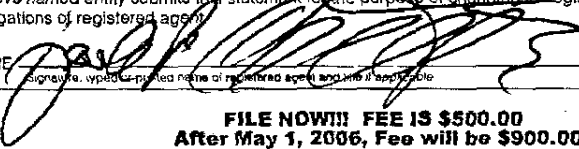
4. FEI Number 20-1601647	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KRAMER, ROBERT M
KRAMER, GREEN, ZUCKERMAN, GREENE & BUCHSBA
4000 HOLLYWOOD BLVD., SUITE 485 SOUTH
HOLLYWOOD, FL 33021

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  DATE _____

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

**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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 # NAME STREET ADDRESS CITY-ST-ZIP	CATINELLA, FRANK 5601 NORTH DIXIE HIGHWAY, SUITE 209 FT. LAUDERDALE, FL 33334
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	DAVID, IRVING 5601 NORTH DIXIE HIGHWAY, SUITE 209 FT. LAUDERDALE, FL 33334
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	HERSKOWITZ, KENNETH 5601 NORTH DIXIE HIGHWAY, SUITE 209 FT. LAUDERDALE, FL 33334
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

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04/05/06-80032-007 500.00

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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 600, Florida Statutes.

SIGNATURE  DATE **3-17-06** DAYTIME PHONE # _____

Signature and typed or printed name of signing general partner