


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

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|--|--|---|
| DOCUMENT # A04000001659 | |  |
| 1. Entity Name CLEMATIS PARTNERS, LLLP | | |
| Principal Place of Business 100 SOUTH OLIVE AVENUE WEST PALM BEACH FL 33401 US | | Mailing Address P.O. BOX 1625 WEST PALM BEACH FL 33402 US |

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE & FINANCIAL SERVICES

06 FEB 20 AM 11:10



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|--|-----------------------|---------------------|---------|
| Principal Place of Business POST OFFICE BOX 1625 | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State West Palm Beach FL | | City & State | |
| Zip 33402 | Country USA | Zip | Country |

1st MOORE CR2E003 (10/05)

| | | |
|---|--|--|
| 4. FEI Number 20-1781825 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |

| | | | |
|--|--|--|----------|
| 6. Name and Address of Current Registered Agent SATTER, JONATHAN R 100 SOUTH OLIVE AVENUE WEST PALM BEACH FL 33401 | | 7. Name and Address of New Registered Agent | |
| | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | |
| | | FL | 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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

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 | | 13. ADDRESS CHANGES ONLY | |
|---------------------------------|---------------------------------|--------------------------|---------------------------------|
| DOCUMENT # | | STREET ADDRESS | 100 South Olive Avenue |
| NAME | SATTER, JONATHAN R | CITY-ST-ZIP | West Palm Beach FL 33401 |
| STREET ADDRESS | 115 PALMETTO LANE | | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33405 | | |
| DOCUMENT # | | STREET ADDRESS | 100 South Olive Avenue |
| NAME | DEWOODY, DONALD K JR. | CITY-ST-ZIP | West Palm Beach FL 33401 |
| STREET ADDRESS | 1280 BEAR ISLAND DRIVE | | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33409 | | |
| DOCUMENT # | | STREET ADDRESS | 100 South Olive Avenue |
| NAME | ELHILOW, MARK B | CITY-ST-ZIP | West Palm Beach FL 33401 |
| STREET ADDRESS | 215 5TH STREET #200 | | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33401 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

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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:  **Jonathan R. Satter** (561) 659-1800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE