2006 LIMITED PARTNERSHIP ANNUAL REPORT

FILED Due By May 1, 2006 Apr 24, 2006 08:00 AN Secretary of State **DOCUMENT # A04000001803** 1. Entity Name CMMR PARTNERS, LTD. Principal Place of Business Mailing Address 6925 NW 52ND ST 6926 NW 52ND ST MIAMI, FL 33166 MIAMI, FL 33166 04182006 No Cha-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1895506 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LAMONT NEIMAN INTERIAN & BELLET, P.A. DO NOT WRITE 2 SOUTH BISCAYNE BOULEVARD, SUITE 3550 MIAMI, FL 33131 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. 1100000530587 SIGNATURE Signature, typed or printed name of registered agent and title if applicable 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 P04000156258 DOCUMENT # NAME CMMR MANAGEMENT CORP. STREET ADDRESS 6925 NW 52ND ST CITY-ST-ZIP MIAMI, FL 33166 DOCUMENT # NAME STREET ADDRESS CITY -ST-ZIP DOCUMENT # NAME DO NOT WEITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling does not qualify for the exemptions configured 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:

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPED OR PRINTED NAME ING GENERAL DARTHE

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Daytime Phone #