

**2007 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2007**

**FILED  
Mar 26, 2007 08:00 AM  
Secretary of State**

DOCUMENT # A04000002042

1. Entity Name  
FLATAUR CD98, LTD.



Principal Place of Business      Mailing Address

1350 EAST NEWPORT CENTER DRIVE, SUITE 206      1350 EAST NEWPORT CENTER DRIVE, SUITE 206  
DEERFIELD BEACH, FL 33442      DEERFIELD BEACH, FL 33442



01042007 No Chg-LP      CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEJ Number 20-2084083	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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 title if applicable

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2007, 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	L04000092498 FLATAUR CD98, LLC 1350 EAST NEWPORT CENTER DRIVE, SUITE 206 DEERFIELD BEACH, FL 33442
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U00000680548  
04/04/07-80003-024 508.75

**DO NOT WRITE  
IN THIS SPACE**

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 620, Florida Statutes

SIGNATURE:  Linda Karnof      3-23-07      954 428-4585

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