

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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 06 JAN 24 AM 9:15

<b>DOCUMENT # A05000000203</b> 1. Entity Name <b>SANCHEZ &amp; BETANCOURT, LTD</b>					
Principal Place of Business <b>9005 SW 68TH AVENUE                  MIAMI, FL 33156</b>			Mailing Address <b>9005 SW 68TH AVENUE                  MIAMI, FL 33156</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip			
Country		Country			
4. FEI Number <b>20-2463627</b>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SANCHEZ, CARLOS G                  9005 SW 68TH AVENUE                  MIAMI, FL 33156</b>			7. Name and Address of New Registered Agent Name <b>CARLOS G. SANCHEZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>9005 S.W. 68th Avenue</b> City <b>Miami</b>		
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.			Zip Code <b>FL 33156</b>		
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner..</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	L05000009083 C & G, LLC 9005 SW 68TH AVENUE MIAMI, FL 33156		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: <u>Carlos G. Sanchez, M.D.</u> 1/16/06 746-299-1102 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>					

STAPLE CHECK HERE