



2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATE FILINGS

06 FEB -8 AM 10:43

DOCUMENT # A05000001085 1. Entity Name CASHMERE PLAZA, LTD.					
Principal Place of Business 210 SUNSET BAY COURT PALM BEACH GARDENS, FL 33418				Mailing Address 210 SUNSET BAY COURT PALM BEACH GARDENS, FL 33418	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01092006 Chg-LP CR2E003 (11/05)	
Zip		Country		4. FEI Number 20-2995921	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent WELLER, GLENN R 210 SUNSET BAY COURT PALM BEACH GARDENS, FL 33418-USA				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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			13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P05000078811 SOUTHCAP CASHMERE PROPERTIES, INC. 210 SUNSET BAY COURT PALM BEACH GARDENS, FL 33418		STREET ADDRESS CITY-ST-ZIP	400065853494 02/14/06--01056--011 **500.00	
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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>Glenn Weller</u> <u>1/9/06</u> <u>561-691-9189</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>					

STAPLE CHECK HERE