

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

**DOCUMENT # A05000001547**

1. Entity Name  
**CBAM, LIMITED PARTNERSHIP**



Principal Place of Business  
**5101 CENTRAL AVE.**  
**ST. PETERSBURG, FL 33710**

Mailing Address  
**5101 CENTRAL AVE.**  
**ST. PETERSBURG, FL 33710**

2. Principal Place of Business

**5113 CENTRAL AVE**  
 Suite, Apt. #, etc.

3. Mailing Address

**5113 CENTRAL AVE**  
 Suite, Apt. #, etc.

City & State

**ST PETERSBURG FL**  
 Zip **33710** Country **FLA**

City & State

**ST PETERSBURG FL**  
 Zip **33710** Country **FLA**

04272006 Chg-LP CR2E003 (11/05)

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**CODELS, CHARLES P**  
**5101 CENTRAL AVE.**  
**ST. PETERSBURG, FL 33710**

7. Name and Address of New Registered Agent

Name **CODELS, CHARLES P.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5113 CENTRAL AVE**  
 City **ST PETERSBURG FL** Zip Code **33710**

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

*[Signature]*

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

DATE

**4/27/06**

**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

DOCUMENT #  
 NAME **CODELS, CHARLES P**  
 STREET ADDRESS **5101 CENTRAL AVE.**  
 CITY-ST-ZIP **ST. PETERSBURG, FL 33710**

DOCUMENT #  
 NAME **CODELS, MARGUERITE**  
 STREET ADDRESS **5101 CENTRAL AVE.**  
 CITY-ST-ZIP **ST. PETERSBURG, FL 33710**

DOCUMENT #  
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 STREET ADDRESS  
 CITY-ST-ZIP

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 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS **5113 CENTRAL AVE**  
 CITY-ST-ZIP **ST PETERSBURG FL 33710**

STREET ADDRESS **5113 CENTRAL AVE**  
 CITY-ST-ZIP **ST PETERSBURG FL 33710**

STREET ADDRESS  
 CITY-ST-ZIP

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 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP

**600074625046**  
**05/15/06--01048--025 \*\*500.00**

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:

*[Signature]* **CP CODELS** **4/27/06** **727-322-5111**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE