


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

<b>DOCUMENT # A05000001547</b> 1. Entity Name CBAM, LIMITED PARTNERSHIP	
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FILED

07 JUN 13 AM 9:42

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



05012007 Chg-LP CR2E003 (12/06)

Principal Place of Business 5113 CENTRAL AVE. ST. PETERSBURG, FL 33710		Mailing Address 5113 CENTRAL AVE. ST. PETERSBURG, FL 33710	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>22-3245103</b> <b>APPLIED FOR</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  CODELS, CHARLES P 5113 CENTRAL AVE. ST. PETERSBURG, FL 33710	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float:right">FL</span> Zip Code
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	GODELS, CHARLES P	CITY-ST-ZIP	
CITY-ST-ZIP	5113 CENTRAL AVE. ST. PETERSBURG, FL 33710		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	GODELS, MARGUERITE	CITY-ST-ZIP	
CITY-ST-ZIP	5113 CENTRAL AVE. ST. PETERSBURG, FL 33710		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
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STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
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STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			

**200104434818**  
 06/15/07--01060--009 \*\*500.00

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #