

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006


FILED

2006 JAN 25 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VSK



DOCUMENT # A05000002035				
1. Entity Name CAMBRIDGE COVE DEVELOPMENT GROUP, L.L.P.				
Principal Place of Business 1551 SANDSPUR ROAD MAITLAND, FL 32751		Mailing Address 1551 SANDSPUR ROAD MAITLAND, FL 32751		
2. Principal Place of Business		3. Mailing Address P.O. Box 4961		
Suite, Apt #, etc		Suite, Apt #, etc		
City & State		City & State Orlando, FL		
Zip	Country	Zip	Country	
		32802	U.S.	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
B&C CORPORATE SERVICES OF CENTRAL FLORIDA 390 NORTH ORANGE AVENUE, SUITE 1100 ORLANDO, FL 32801		Name		
		Street Address (P.O. Box Number is Not Acceptable)		
		City		
		FL		
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		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
SIGNATURE _____ <small>Signature: typed or printed name of registered agent and title if applicable</small>		DATE _____		
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 #	L05000108263	STREET ADDRESS		
NAME	CAMBRIDGE COVE DEVELOPMENT GROUP MANAGERS	CITY - ST - ZIP		
STREET ADDRESS	1551 SANDSPUR ROAD	STREET ADDRESS		
CITY - ST - ZIP	MAITLAND, FL 32751	CITY - ST - ZIP		
DOCUMENT #		STREET ADDRESS	600065195856	
NAME		CITY - ST - ZIP	02/06/06-01015-019 ***508.75	
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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.				
By: Cambridge Cove Development Group Managers, L.L.C., its general partner				
SIGNATURE: _____		Date: 407.741.8500		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Daytime Phone #		
PAUL MISSIGMAN, MANAGER				

STAPLE CHECK HERE