


**2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 AUG 28 AM 9:59

DOCUMENT # A05000002040			
1. Entity Name CABRERA PARTNERS, LLLP			
Principal Place of Business 330 S.W. 27TH AVENUE, SUITE 203 MIAMI, FL 33135		Mailing Address 330 S.W. 27TH AVENUE, SUITE 203 MIAMI, FL 33135	
2. Principal Place of Business		3. Mailing Address 1500 San Remo Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 125	
City & State		City & State Coral Gables, FL	
Zip	Country	Zip	Country
33146	USA	33146	USA
4. FEI Number 20-6651177		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVE., SUITE 125 CORAL GABLES, FL 33146		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 _____	
FILE NOW!! FEE IS \$500.00 Due by September 6, 2006		In accordance with s. 807.193(2)(b), F.S., the limited partnership did not receive the prior notice.	
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 #	CABRERA, TOMAS A	STREET ADDRESS	
NAME	330 S.W. 27TH AVENUE, SUITE 203	CITY-ST-ZIP	
STREET ADDRESS	MIAMI, FL 33135		
CITY-ST-ZIP			
DOCUMENT #	CABRERA, LOURDES C	STREET ADDRESS	
NAME	330 S.W. 27TH AVENUE, SUITE 203	CITY-ST-ZIP	
STREET ADDRESS	MIAMI, FL 33135		
CITY-ST-ZIP			
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CITY-ST-ZIP			
08/31/06--01040--022 **500.00			
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: _____		Date 8/17/06 Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			

STAPLE CHECK HERE