

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

2006 APR -5 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A05000002096		
1. Entity Name CABI SMA, LLLP		

Principal Place of Business 19950 W. COUNTRY CLUB DRIVE, SUITE 900 AVENTURA, FL 33180	Mailing Address 19950 W. COUNTRY CLUB DRIVE, SUITE 900 AVENTURA, FL 33180
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BK

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



02062006 Chg-LP CR2E003 (11/05)

4. FEI Number	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SARIOL, MARIO 19950 WEST COUNTRY CLUB DRIVE, SUITE 900 AVENTURA, FL 33180	7. Name and Address of New Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road City Plantation FL Zip Code 33324
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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.	PETER F. SOUZA ASSISTANT SECRETARY 4/4/06
SIGNATURE	DATE

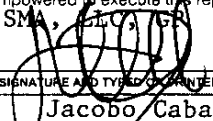
FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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 #	L05000110416	STREET ADDRESS	
NAME	CABI GP SMA, LLC	CITY-ST-ZIP	
STREET ADDRESS	19950 W. COUNTRY CLUB DRIVE, SUITE 900		
CITY-ST-ZIP	AVENTURA, FL 33180		
DOCUMENT #		STREET ADDRESS	800069919988
NAME		CITY-ST-ZIP	04/10/06--01018--001 **500.00
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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: By: 	Date 4/13/06	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Jacobo Cababie Daniel, Manager		