2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

2006 APR -5 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

DOCUMENT # A05000002096

1. Entity Name
CABI SMA, LLLP

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

02062006 Chg-LP CR2E003 (11/05)

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

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	7. Name and Address of New Registered Agent
SARIIOL, MARIO 19950 WEST COUNTRY CLUB DRIVE, SUITE 900 AVENTURA, FL 33180	Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road City Plantation FL Zip Code 33324

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 PETER F. SOUZA ASSISTANT SECRETARY 4/4/06
Signature, typed or printed name of registered agent and title if applicable. 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 # NAME STREET ADDRESS CITY-ST-ZIP	L05000110416 CABI GP SMA, LLC 19950 W. COUNTRY CLUB DRIVE, SUITE 900 AVENTURA, FL 33180	STREET ADDRESS CITY-ST-ZIP	
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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

CABI GP SMA, LLC, GP

SIGNATURE: By: 4/3/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

Jacobo Cababie Daniel, Manager