2007 LIMITED PARTNERSHIP ANNUAL REPORT

FILED
Apr 03, 2007
Secretary of State

DOCUMENT# A05000002096

Entity Name: CABI SMA, LLLP

Current Principal Place of Business:

19950 W. COUNTRY CLUB DRIVE, SUITE 900
AVENTURA, FL 33180

New Principal Place of Business:

19950 W. COUNTRY CLUB DRIVE, SUITE 900
AVENTURA, FL 33180 US

Current Mailing Address:

19950 W. COUNTRY CLUB DRIVE, SUITE 900
AVENTURA, FL 33180

New Mailing Address:

19950 W. COUNTRY CLUB DRIVE, SUITE 900
AVENTURA, FL 33180 US

FEI Number: 20-4912575 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

GENERAL PARTNER INFORMATION:

Document #: L05000110416
Name: CABI GP SMA, LLC
Address: 19950 W. COUNTRY CLUB DRIVE, SUITE 900
City-St-Zip: AVENTURA, FL 33180

ADDRESS CHANGES ONLY:

Address:
City-St-Zip: AVENTURA, FL 33180 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JACOBO CABABIE DANIEL MGR 04/03/2007

Electronic Signature of Signing General Partner Date