



**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 06 FEB -2 AM 10:18

<b>DOCUMENT # A05380</b> 1. Entity Name LG 75 LIMITED					
Principal Place of Business 5481 N. STATE RD#7 TAMARAC, FL 33319			Mailing Address 5481 N. STATE RD#7 TAMARAC, FL 33319		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		01242006    Chg-LP    CR2E003 (11/05)	
Zip		Country		4. FEI Number <b>65-0254105</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  GRANADOS, FELIX 5481 N STATE RD. 7 TAMARAC, FL 33319				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	GRANADOS, FELIX TRUSTEE 5481 N. STATE RD. 7 TAMARAC, FL 33319		STREET ADDRESS CITY-ST-ZIP	<b>100065863321</b> 02/15/06--01004--021 **500.00	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	GRANADOS, CARLOS TRUSTEE 5481 N. STATE RD. 7 TAMARAC, FL 33319		STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	B00000000347 CV WAREHOUSE 75, L.P. 100 CENTURY BLVD. W. PALM BCH., FL 33417		STREET ADDRESS CITY-ST-ZIP	580 W. Germantown Pike Plymouth Meeting, PA 19462	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	GARCIA, MARIA JOSEFA 2600 DOUGLAS ROAD, SUITE 309 CORAL GABLES, FL 33134		STREET ADDRESS CITY-ST-ZIP		
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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					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					
<small>Date</small> _____ <small>Daytime Phone #</small> _____					

STAPLE CHECK HERE