

# **2010 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A06000000313

**FILED**  
**Apr 28, 2010**  
**Secretary of State**

**Entity Name:** CABI 301 RESIDENTIAL, LLLP

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 20-4445301

**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 #:

Name: CABI 301 RESIDENTIAL GP, LLC

Address: 19950 W. COUNTRY CLUB DRIVE, SUITE 900

City-St-Zip: AVENTURA, FL 33180

**ADDRESS CHANGES ONLY:**

Address:

City-St-Zip:

I hereby 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: ELIAS AMKIE LEVY, MANAGER OF GP

M

04/28/2010

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date