

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

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A14233**

1. Entity Name  
CFA INVESTORS, LTD.



Principal Place of Business  
1834 PARK AVENUE  
P. O. BOX 215  
ORANGE PARK, FL 32067-0215

Mailing Address  
524 BALMORA DR.  
SAINT AUGUSTINE, FL 32092-2725



04172006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2279482	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

ADAMS, HELEN B.  
524 BALMORA DR.  
SAINT AUGUSTINE, FL 32092-2725

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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**

DOCUMENT #	G93077900001
NAME	HELEN B. ADAMS LIVING TRUST
STREET ADDRESS	524 BALMORA DR.
CITY - ST - ZIP	SAINT AUGUSTINE, FL 320922725
DOCUMENT #	
NAME	
STREET ADDRESS	
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U00000531795  
05/06/06-80058-009 500.00

**DO NOT WRITE  
IN THIS SPACE**

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:** Helen B. Adams  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-21-06 904-940-7987  
Date Daytime Phone #

HELEN B. ADAMS

STAPLE CHECK HERE