-2007 LIMITED PARTNERSHIP ANNUAL REPORT _ Due By May 1, 2007

DOCUMENT #A29418

1. Entity Name

CES MANAGEMENT PARTNERS, LTD.



Feb 01, 2007 08:00 AM **Secretary of State**

FILED

Principal Place of Business

9500 S. DADELAND BLVD., STE. 603 MIAMI, FL 33156

Mailing Address

P.O. BOX 561009

MIAMI, FL 33256-1009



01222007 No Chg-LP

CR2E003 (12/06)

4. FEI Number

65-0167564

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

LEWIS, JOHN M

9500 S, DADELAND BLVD., STE 603

MIAMI, FL 33156

DO NOT WRITE IN THIS SPACE

8	s. 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.	am familiar with, and accept
	the obligations of registered agent.	

SIGNATURE Signature typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00

U00000617281 2/07/07-80069-009 500.00

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 OCCUMENT # L37853 KEY CAPITAL GROUP, INC. 9500 S. DADELAND BLVD., STE. 603 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33156 DOCUMENT # MAKE STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZP DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # STAPLE CHECK STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

14. I hereby certify that the information supplied with this filling does not quality 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:

(305) 670