


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

**FILED**

**06 MAY -1 AM 8:47**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

<b>DOCUMENT # A93000001115</b>		
1. Entity Name CQM, LTD.		

Principal Place of Business 2950 W. CYPRESS CREEK ROAD, STE 102 FORT LAUDERDALE, FL 33309	Mailing Address 2950 W. CYPRESS CREEK ROAD, STE 102 FORT LAUDERDALE, FL 33309
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04212006 Chg-LP CR2E003 (11/05)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
THIRER, MARTIN P.A. 2950 W. CYPRESS CREEK ROAD, STE 102 FORT LAUDERDALE, FL 33309		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL 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 \_\_\_\_\_  
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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P04000045485	STREET ADDRESS	
NAME	DGSG DEVELOPMENT, INC.	CITY - ST - ZIP	
STREET ADDRESS	2950 W. CYPRESS CREEK ROAD, STE 102		
CITY - ST - ZIP	FORT LAUDERDALE, FL 33309		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
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STREET ADDRESS			
CITY - ST - ZIP			

**400075023194**  
**05/22/06--01027--028 \*\*\$500.00**

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:**

*Deena Golding*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4-26-06 954-545-6070**  
Date Daytime Phone #

**DEENA GOLDING PRESIDENT GENERAL PARTNER**

STAPLE CHECK HERE