2005 LIMITED PARTNERSHIP ANNUAL REPORT

FILED **Due By May 1, 2005** Jan 20, 2005 08:00 AM **DOCUMENT # A9400000782 Secretary of State** CDL - CHRISTINAT DIVERSIFIED, LTD. Principal Place of Business Mailing Address 3631 W. COMMERCIAL BLVD. 3631 W. COMMERCIAL BLVD. FT. LAUDERDALE, FL 33309 FT. LAUDERDALE, FL 33309 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 01102005 Chg-LP CR2E003 (10/03) Applied For City & State City & State 4. FEI Number 65-0500297 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CHRISTINAT, FRITZ O.P. Street Address (P.O. Box Number is Not Acceptable) 3631 W. COMMERCIAL BLVD. FT. LAUDERDALE, FL 33309 City 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, typed or printed name of registered agent and title if applicable 9. Capital Contributions 10. Amount of Capital Contributions \$500,000.00 as Shown on record. in FLORIDA to date. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. P94000043707 DOCUMENT # STREET ADDRESS NAME CDL - CHRISTINAT DIVERSIFIED, INC. 3631 W. COMMERCIAL BLVD. STREET ADDRESS CITY - ST-ZIP UMMOON185163 CITY-ST-ZIP FT. LAUDERDALE, FL 33309 01/21/05-80005-001 535.00 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS

CITY-ST-7IP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FRITZ CHRISTINAT

CITY-ST-ZIP

SIGNATURE

Daytime Phone it