

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Jan 12, 2007 08:00 A
Secretary of State

DOCUMENT # A94000000782

1. Entity Name
CDL - CHRISTINAT DIVERSIFIED, LTD.



Principal Place of Business
3631 W. COMMERCIAL BLVD.
FT. LAUDERDALE, FL 33309

Mailing Address
3631 W. COMMERCIAL BLVD.
FT. LAUDERDALE, FL 33309



01062007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0500297

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHRISTINAT, FRITZ O.P.
3631 W. COMMERCIAL BLVD.
FT. LAUDERDALE, FL 33309

**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 _____
Signature, typed or printed name of registered agent and title if applicable.

DATE _____

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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 # P94000043707
NAME CDL - CHRISTINAT DIVERSIFIED, INC.
STREET ADDRESS 3631 W. COMMERCIAL BLVD.
CITY-ST-ZIP FT. LAUDERDALE, FL 33309

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01/16/07-80022-005 508.75

**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:

Fritz Christinat

FRITZ CHRISTINAT

9 JAN 07

731-8570

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE