

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 APR -7 AM 9:14

DOCUMENT # A94000001235 1. Entity Name CLIFFWOOD HOLDINGS, LTD.					
Principal Place of Business 1598 S. GOODMAN RD. DAVENPORT, FL 33837			Mailing Address 4669 SOUTHWEST FREEWAY, SUITE 400 HOUSTON, TX 77027		
2. Principal Place of Business 8390 ChampionsGate Blvd.		3. Mailing Address			
Suite, Apt. #, etc. Suite 100		Suite, Apt. #, etc.		01202006 Chg-LP CR2E003 (11/05)	
City & State ChampionsGate, FL		City & State		4. FEI Number 59-3268194	
Zip 33896		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DYMOND, WILLIAM T 215 N. EOLA DRIVE ORLANDO, FL 32801				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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 #	P94000066443		STREET ADDRESS	4669 Southwest Freeway, Suite 400	
NAME	CLIFFWOOD PROPERTIES, INC.		CITY-ST-ZIP	Houston, TX 77027	
STREET ADDRESS	4669 SOUTHWEST FREEWAY, SUITE 700		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON, TX 77027		CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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:			3/20/06 713-961-3835		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		

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