


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A95000000033		
1. Entity Name NRV/CAB PARTNERS 1, LTD.		

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 APR 24 AM 10:18

Principal Place of Business 2600 DOUGLAS ROAD, SUITE 405 CORAL GABLES, FL 33134	Mailing Address 2600 DOUGLAS ROAD, SUITE 405 CORAL GABLES, FL 33134
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2. Principal Place of Business 12328 SW 117 Court	3. Mailing Address 12328 SW 117 Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.



City & State Miami, FL	City & State Miami, FL
Zip 33186	Country US

03262006	Chg-LP	CR2E003 (11/05)
4. FEI Number 65-0549832	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent STEARNS WEAVER MILLER WEISSLER, ET AL C/O RICHARD E. SCHATZ 150 WEST FLAGLER STREET, SUITE 2200 MIAMI, FL 33130

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 _____
 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

600074090596
 05/08/06--01009--030 **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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P93000085405	STREET ADDRESS	12328 SW 117 Court
NAME	NRV/CAB MANAGEMENT, INC.	CITY-ST-ZIP	Miami, FL 33186
STREET ADDRESS	21 ALMERIA AVE		
CITY-ST-ZIP	CORAL GABLES, FL 33134		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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STREET ADDRESS			
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 file this report as required by Chapter 620, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

3/30/06 305-234-8766

STATE OF FLORIDA