2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006

FILED
06 JUN -6 PM 12:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # A96000000792

1. Entity Name
CAPITAL RESOURCES SOUTHEAST, LTD.

Principal Place of Business
21 E. GARDEN ST.
PENSACOLA, FL 32501

Mailing Address
30 BROAD STREET, 31ST FLOOR
NEW YORK, NY 10004

05162006 Chg-LP CR2E003 (11/05)

2. Principal Place of Business	3. Mailing Address
30 BROAD St.	
Suite, Apt. #, etc.: 31 st Fl	Suite, Apt. #, etc.
City & State: New York, N.Y.	City & State
Zip: 10004 Country: U.S.A.	Zip Country

4. FEI Number: 59-3376972 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WASHINGTON, LYNN C
C/O HOLLAND & KNIGHT
701 BRICKELL AVENUE SUITE 3000
MIAMI, FL 33131

7. Name and Address of New Registered Agent
Name: CORPORATION SERVICE COMPANY
Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET
City: TALLAHASSEE FL Zip Code: 32301-2525

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] DATE: 5/18/06
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS $900.00
On or after September 6, 2006, Fee will be $1000.00

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 #	M05000002542
NAME	4011 OKEECHOBEE BOULEVARD GP, LLC
STREET ADDRESS	30 BORAD STREET, 31ST FLOOR
CITY-ST-ZIP	NEW YORK, NY 10004
DOCUMENT #	
NAME	
STREET ADDRESS	
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DOCUMENT #	
NAME	
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CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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06/12/06--01049--009 **900.75

STAPLE CHECK HERE

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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #