

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A99000000524

1. Entity Name
CMCC VENTURES, LTD.



Principal Place of Business
308 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134

Mailing Address
308 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04132006

Chg-LP

CR2E003 (11/05)

4. FEI Number

65-0927693

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent:

MOURAD, MAHA
1072 S.W. 156TH TERRACE
PEMBROKE PINES, FL 33027

Name

MOURAD, MAHA

Street Address (P.O. Box Number is Not Acceptable)

520 ENCLAVE CIRCLE WEST

City

PEMBROKE PINES

FL

Zip Code

33027-1200

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, 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

DOCUMENT # P99000029909
NAME CMCC, INC.
STREET ADDRESS 308 ALHAMBRA CIRCLE
CITY-ST-ZIP CORAL GABLES, FL 33134

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

800075968468

STREET ADDRESS

06/08/06--01002--004 **500.00

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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 execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

MAHA MOURAD

4/13/06

(305) 446-1120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE