


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 APR 24 AM 11:05

DOCUMENT # A99000002193		
1. Entity Name CASSEL FAMILY INVESTMENTS, LTD.		

Principal Place of Business 56 SAMANA DRIVE MIAMI, FL 33133	Mailing Address 56 SAMANA DRIVE MIAMI, FL 33133
---	---

2. Principal Place of Business 5995 S.W. 97th Street Suite, Apt. #, etc.	3. Mailing Address 5995 S.W. 97th Street Suite, Apt. #, etc.
--	--

City & State Miami, FL	City & State Miami, FL
Zip 33156	Country
Zip 33156	Country

02242006 Chg-LP CR2E003 (11/05)

4. FEI Number 65-0968865	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 CASSEL, DAVID 56 SAMANA DR. MIAMI, FL 33133	
--	--

7. Name and Address of New Registered Agent Name David Cassel Street Address (P.O. Box Number is Not Acceptable) 5995 S.W. 97th Street City Miami FL Zip Code 33156	
---	--

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

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 #	CASSEL, DAVID TRUSTEE 56 SAMANA DRIVE MIAMI, FL 33133	STREET ADDRESS	5995 S.W. 97th Street
NAME		CITY - ST - ZIP	Miami, FL 33156
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			

900074078609
 05/05/06-01045-013 **500.00

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: X David Cassel
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

X 3/6/06 X
 Date Daytime Phone #

STAPLE CHECK HERE