

**2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006**

**FILED
Aug 04, 2006 08:00 AM
Secretary of State**

DOCUMENT # B02000000137		
1. Entity Name CIPHER COMPOSITE FUND LIMITED PARTNERSHIP		
Principal Place of Business ONE ALHAMBRA PLAZA, SUITE 1110 CORAL GABLES, FL 33134	Mailing Address ONE ALHAMBRA PLAZA, SUITE 1110 CORAL GABLES, FL 33134	



07272006 No Chg-LP CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3772322	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

DO NOT WRITE IN THIS SPACE

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
Due by September 6, 2006**

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**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 #	F02000002057
NAME	CIPHER INVESTMENT MANAGEMENT COMPANY, INC.
STREET ADDRESS	ONE ALHAMBRA PLAZA, SUITE 1110
CITY-ST-ZIP	CORAL GABLES, FL 33134
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000573309
08/04/06-80001-015 500.00

STABLE-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: Guillermo Proffler 7/31/2006 (305) 648-3322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #