## 2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2006

## FILED DOCUMENT # B03000000423 Apr 28, 2006 08:00 AN Secretary of State CRESCENT CITY DEDICATED SHORT FUND, L.P. Principal Place of Business Mailing Address 2700 N. MILITARY TRAIL, SUITE 150 BOCA RATON FL 33431 2700 N. MILITARY TRAIL, SUITE 150 **BOCA RATON FL 33431** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E003 (10/05) City & State City & State Applied For 4. FEI Number 77-0613952 Not Applicable Country Country Zio Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WEINSTEIN, SETH Street Address (P.O. Box Number is Not Acceptable) 2700 N MILITARY TRAIL, SUITE 150 **BOCA RATON FL 33431** 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, typed or printed name of registered agent and title if applicable FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2006, fee will be \$900. \*\*\* Make check payable to Florida Department of State. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. DOCUMENT # L03000035409 STREET ADDRESS NAME CRESCENT CITY CAPITAL ADVISORS LLC STREET ADDRESS 2700 N. MILITARY TRAIL, SUITE 150 CITY-ST-ZIP CITY - ST - ZIP BOCA RATON FL 33431 DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP U00000544952 CITY-ST-ZIP <del>05/11/06-99057-</del>00<del>8-500.00</del> DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS MARKE STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 14. Thereby 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:

Jeth We Schuleinsten
Signature and Typed on printed name of signing general partner

4/2404

5619886320

Daytime Phone #