


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

<b>DOCUMENT # B06000000132</b> 1. Entity Name <b>CAVALRY CONSTRUCTION CO. L.P.</b>	
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Principal Place of Business <b>119 SE 12TH STREET</b> <b>FT. LAUDERDALE, FL 33316</b>	Mailing Address <b>119 SE 12TH STREET</b> <b>FT. LAUDERDALE, FL 33316</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip Country

02052007 Chg-LP CR2E003 (12/06)

4. FEI Number <b>76-0289088</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**STROUP, JIM**  
**119 SE 12TH STREET**  
**FT. LAUDERDALE, FL 33316**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

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

City \_\_\_\_\_ **FL** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, 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 #	NAME
NAME	<b>JONES, FRANK R</b>
STREET ADDRESS	<b>6911 BREEN BUILDING C</b>
CITY-ST-ZIP	<b>HOUSTON, TX 77086</b>
DOCUMENT #	NAME
NAME	<b>P.L.F. FAMILY ASSET MANAGEMENT, L.L.C.</b>
STREET ADDRESS	<b>6911 BREEN BUILDING C</b>
CITY-ST-ZIP	<b>HOUSTON, TX 77086</b>
DOCUMENT #	NAME
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	NAME
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	NAME
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

**700088827587**  
 02/21/07--01008--010 \*\*\$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:** \_\_\_\_\_ **2/7/07 081.931.9900**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

**07 FEB 14 AM 9:57**



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 DIVISION OF CORPORATIONS  
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