2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 APR 10 AM 11: 17

DOCUMENT # A05000002183

1. Entity Name
M.R. BEAL & COMPANY, A LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
11 SOUTH 12TH STREET RICHMOND, VA 23218	11 SOUTH 12TH STREET RICHMOND, VA 23218

02132006 Chg-LP CR2E003 (11/05)

2. Principal Place of Business		3. Mailing Address	
110 Wall Street		Same	
Suite, Apt. #, etc.: 6th Floor		Suite, Apt. #, etc.:	
City & State: New York, NY		City & State:	
Zip: 10005	Country: USA	Zip:	Country:

4. FEI Number: 13-3452090 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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, 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 #	F05000007128	STREET ADDRESS	
NAME	MRB SECURITIES CORPORATION		
STREET ADDRESS	110 WALL STREET	CITY-ST-ZIP	
CITY-ST-ZIP	NEW YORK, NY 10005		
DOCUMENT #		STREET ADDRESS	600072372376
NAME			
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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: [signature], EVP 4/3/06 212 983-3930
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #