


**2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006**

DOCUMENT # A08240	
1. Entity Name IDLEWILD ASSOCIATES, LTD.	

05 MAY - 1 7 11 5: 14
TALLAHASSEE FLORIDA

Principal Place of Business % UBS PAINWEBBER INC. 1285 AVENUE OF THE AMERICAS NEW YORK, NY 10019	Mailing Address % UBS PAINWEBBER INC. 1285 AVENUE OF THE AMERICAS NEW YORK, NY 10019
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2. Principal Place of Business % UBS Financial Services	3. Mailing Address % UBS Financial Services
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Suite, Apt. #, etc. 1285 Avenue of Americas	Suite, Apt. #, etc. 1285 Avenue of Americas
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04032006 Chg-LP CR2E003 (11/05)

City & State New York NY	City & State New York NY
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4. FEI Number 13-3020183	Applied For Not Applicable
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Zip 10019	Country USA	Zip 10019	Country USA
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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
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	
DOCUMENT #	845202
NAME	PW IDLEWILD CORP
STREET ADDRESS	1285 AVE OF THE AMERICAS
CITY-ST-ZIP	NEW YORK, NY 10019
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	200074661522
CITY-ST-ZIP	05/16/06-01023-003 **500.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

STAPLE 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: PW Idlewild Corporation, General Partner, by Stephen R. Dyer, President


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date 4/10/06 212825579
Date Daytime Phone #