
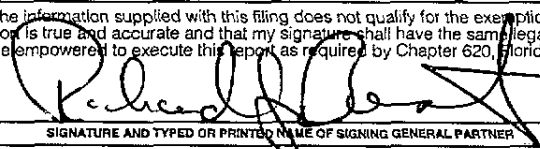


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

FILED
Mar 01, 2005 08:00 AM
Secretary of State

DOCUMENT # A25151					
1. Entity Name KOFFLER ASSOCIATES LIMITED PARTNERSHIP					
Principal Place of Business ONE PROVIDENCE WASHINGTON PL., NINTH FLOOR PROVIDENCE, RI 02903			Mailing Address ONE PROVIDENCE WASHINGTON PL., NINTH FLOOR PROVIDENCE, RI 02903		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE _____	
9. Capital Contributions as Shown on record. \$0.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 #	NAME		STREET ADDRESS		
	KOFFLER, LILLIAN TRUSTEE				
	3100 SOUTH OCEAN BLVD., #2		CITY-ST-ZIP		
	PALM BEACH, FL				
DOCUMENT #	NAME		STREET ADDRESS		
	BORNSTEIN, SANDRA K TRUSTEE				
	3100 SOUTH OCEAN BLVD., #2		CITY-ST-ZIP		
	PALM BEACH, FL			U00000247847 03/01/05-80032-010 141.25	
DOCUMENT #	NAME		STREET ADDRESS		
	BORNSTEIN, RICHARD J TRUSTEE				
	3100 SOUTH OCEAN BLVD., #2		CITY-ST-ZIP		
	PALM BEACH, FL				
DOCUMENT #	NAME		STREET ADDRESS		
	PASTER, BENJAMIN G TRUSTEE				
	3100 SOUTH OCEAN BLVD., #2		CITY-ST-ZIP		
	PALM BEACH, FL				
DOCUMENT #	NAME		STREET ADDRESS		
	KOFFLER, LILLIAN INDVDL.				
	3100 SOUTH OCEAN BLVD., #2		CITY-ST-ZIP		
	PALM BEACH, FL				
DOCUMENT #	NAME		STREET ADDRESS		
	BORNSTEIN, RICHARD INDVDL.				
	2 SOANS CURVE DRIVE		CITY-ST-ZIP		
	PALM BEACH, FL				
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			Date: 2-22-05 Daytime Phone #: 401-273-8600		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					



01052005 Chg-LP CR2E003 (10/03)

4. FEI Number **05-0426869** Applied For Not Applicable

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

STAPLE CHECK HERE