
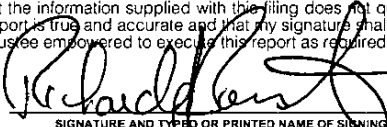


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 FEB 20 AM 8:49

| | | | | | |
|--|------------------------------|---|--------------------------|--|----------|
| 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 | 4. FEI Number 05-0426869 Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent | |
| C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 | | | | 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 _____ | |
| 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 # | NAME | | STREET ADDRESS | 4920 Loring Drive #1517 | |
| | KOFFLER, LILLIAN TRUSTEE | | CITY-ST-ZIP | West Palm Beach, FL 33417 | |
| | 3100 SOUTH OCEAN BLVD., #2 | | | | |
| | PALM BEACH, FL | | | | |
| DOCUMENT # | NAME | | STREET ADDRESS | 4920 Loring Drive #1517 | |
| | BORNSTEIN, SANDRA K TRUSTEE | | CITY-ST-ZIP | West Palm Beach, FL 33417 | |
| | 3100 SOUTH OCEAN BLVD., #2 | | | | |
| | PALM BEACH, FL | | | | |
| DOCUMENT # | NAME | | STREET ADDRESS | 4920 Loring Drive #1517 | |
| | BORNSTEIN, RICHARD J TRUSTEE | | CITY-ST-ZIP | West Palm Beach, FL 33417 | |
| | 3100 SOUTH OCEAN BLVD., #2 | | | | |
| | PALM BEACH, FL | | | | |
| DOCUMENT # | NAME | | STREET ADDRESS | 4920 Loring Drive #1517 | |
| | PASTER, BENJAMIN G TRUSTEE | | CITY-ST-ZIP | West Palm Beach, FL 33417 | |
| | 3100 SOUTH OCEAN BLVD., #2 | | | | |
| | PALM BEACH, FL | | | | |
| DOCUMENT # | NAME | | STREET ADDRESS | 4920 Loring Drive #1517 | |
| | KOFFLER, LILLIAN INDVDL. | | CITY-ST-ZIP | West Palm Beach, FL 33417 | |
| | 3100 SOUTH OCEAN BLVD., #2 | | | | |
| | PALM BEACH, FL | | | | |
| DOCUMENT # | NAME | | STREET ADDRESS | 600066804606 | |
| | BORNSTEIN, RICHARD INDVDL. | | CITY-ST-ZIP | 02/28/06--01022--020 **500.00 | |
| | 2 SOANS CURVE DRIVE | | | | |
| | PALM BEACH, FL | | | | |
| 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:  | | | | Richard J. Bornstein | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | | | | Date | |
| | | | | Daytime Phone # | |

STAPLE CHECK HERE