2010 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A25151

FILED Apr 16, 2010 Secretary of State

Entity Name: KOFFLER ASSOCIATES LIMITED PARTNERSHIP

Current Principal Place of Business:			New Principal Place of Business:	
SUITE 901	RIAL BLVD. NCE, RI 0290:	3		
Current Mailing Address:			New Mailing Address:	
SUITE 901	RIAL BLVD. NCE, RI 0290:	3		
FEI Number:	05-0426869	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of C	Current Registered Agent:	Name and Address of	New Registered Agent:
1200 S. PI	ORATION SY NE ISLAND RO ON, FL 33324	OAD		
	named entity of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,
SIGNATUR	RE:			
	Electron	nic Signature of Registered Ag	ent	Date
GENERAL PARTNER INFORMATION:			ADDRESS CHANGES ONLY:	
Document #: Name: Address: City-St-Zip:	4920 LORING	LIAN TRUSTEE DRIVE #1517 :EACH, FL 33417	Address: City-St-Zip:	
Document #: Name: Address: City-St-Zip:	4920 LORING	SANDRA K TRUSTEE DRIVE #1517 EACH, FL 33417	Address: City-St-Zip:	
Document #: Name: Address: City-St-Zip:	4920 LORING	RICHARD J TRUSTEE DRIVE #1517 EACH, FL 33417	Address: City-St-Zip:	
Document #: Name: Address: City-St-Zip:	4920 LORING	JAMIN G TRUSTEE DRIVE #1517 EACH, FL 33417	Address: City-St-Zip:	
Document #: Name: Address: City-St-Zip:	KOFFLER, LIL 4920 LORING WEST PALM B		Address: City-St-Zip:	
Document #: Name: Address:	BORNSTEIN, F		Address:	

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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 04/16/2010