


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 22 AM 9: 00

DOCUMENT # A92000000040					
1. Entity Name THE COLDBROOKE LIMITED PARTNERSHIP					
Principal Place of Business 20320 FAIRWAY OAKS DR., 331 BOCA RATON, FL 33434			Mailing Address 20320 FAIRWAY OAKS DR., 331 BOCA RATON, FL 33434		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02072005 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number 65-0359306	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
MAHLER, I. KENNETH 20320 FAIRWAY OAKS DR., 331 BOCA RATON, FL 33434				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$3,800,000.00			10. Amount of Capital Contributions in FLORIDA to date. \$3,800,000.00		
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 #	F92000001150			STREET ADDRESS	
NAME	COLDBROOKE, INC.			CITY - ST - ZIP	
STREET ADDRESS	6 EXECUTIVE DRIVE				
CITY - ST - ZIP	FARMINGTON, CT 06032				
DOCUMENT #				STREET ADDRESS	
NAME				CITY - ST - ZIP	
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STREET ADDRESS					
CITY - ST - ZIP					
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: <u>I. Kenneth Mahler</u> I. Kenneth MAHLER 2/15/05 561-470-0940					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				<small>Date Daytime Phone #</small>	

STAPLE CHECK HERE

[Handwritten initials]



02072005 Chg-LP CR2E003 (10/03)

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