

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

**FILED**  
**Feb 16, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A92000000040**  
 1. Entity Name  
**THE COLDBROOKE LIMITED PARTNERSHIP**



Principal Place of Business      Mailing Address  
 20320 FAIRWAY OAKS DR., 331      20320 FAIRWAY OAKS DR., 331  
 BOCA RATON, FL 33434              BOCA RATON, FL 33434



02062006 No Chg-LP      CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

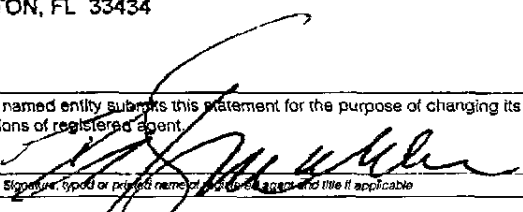
4. FEI Number      Applied For  
 65-0359306      Not Applicable

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

6. Name and Address of Current Registered Agent  
**MAHLER, I. KENNETH**  
 20320 FAIRWAY OAKS DR., 331  
 BOCA RATON, FL 33434

**DO NOT WRITE IN THIS SPACE**

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: 2/10/06

**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 #	F92000000150
NAME	COLDBROOKE, INC.
STREET ADDRESS	6 EXECUTIVE DRIVE
CITY-ST-ZIP	FARMINGTON, CT 06032
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000435934  
 02/27/06-80014-014 508.75

**DO NOT WRITE IN THIS SPACE**

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:  I Kenneth MAHLER 2/10/06      561 470 0940

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Daytime Phone #