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

## FILED Mar 20, 2006 08:00 AM Secretary of State

1. Entity Name

T & W RAPPAPORT INVESTMENTS, LTD.



Principal Place of Business MELLN BANK CENTER 1735 MARKET ST., STE. 2510 PHILADELPHIA, PA 19103 Mailing Address

MELLN BANK CENTER 1735 MARKET ST., STE. 2510 PHILADELPHIA, PA 19103



## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

01052006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 52-1476227 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

KORN, GARY A 20803 BISCCAYNE BLVD. SUITE 200 AVENTURA, FL 33180

## DO NOT WRITE IN THIS SPACE

<ol><li>The above named entity submits this statement for the purpose of changing its registered office or the obligations of registered agent.</li></ol>	registered agent, or both, in the State of Florida. Lam familiar with, and accept 1100000475723	
SIGNATURE	04/05/06-80027-009 508.75	
Signature, typed or printed name of registered agent and title if applicable	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.

1	NOIE: General Partners MAY NOT be changed on the		
	12.	GENERAL PARTNER INFORMATION	
STAPLE CHECK HERE	OOCUMENT # NAME STREET ADDRESS CHY-ST-ZIP	RAPPAPORT, WIL WES MELLON BANK CENTER, 1735 MARKET ST., 2510 PHILADELPHIA, PA 19103	
	GOGUMENT # NAME STREET ADDRESS CNY-ST-ZIP		
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	DOCUMENT # NAME STRUET ADDRESS CITY-ST-ZIP		
STAP⊔	DOCUMENT # NAME STREET ADDRESS		

DO NOT WRITE IN THIS SPACE

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: X

CHY-\$T-ZIP

SIGNATURE AND TYPED OR PRINTSO NAME OF SIGNING GENERAL PARTHER

3/16/06 215

215-981-0760

Daytime Pivone #