


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 APR 11 PM 2:20

DOCUMENT # A01000001186					
1. Entity Name JARONAL EAST-WEST LTD.					
Principal Place of Business 600 CENTRAL AVENUE, SUITE 365 HIGHLAND PARK, IL 60035			Mailing Address 600 CENTRAL AVENUE, SUITE 365 HIGHLAND PARK, IL 60035		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	03112005 Chg-LP CR2E003 (10/03)	
4. FEI Number 36-4462822				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FELNER, JAY 4182 LIVE OAK BLVD. DELRAY BEACH, FL 33445				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. \$1,600,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$1,600,000.00			
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 #	F00000005951			STREET ADDRESS	
NAME	FELNER REALTY CORP.			CITY-ST-ZIP	
STREET ADDRESS	600 CENTRAL AVENUE, SUITE 365				
CITY-ST-ZIP	HIGHLAND PARK, IL 60035				
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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 BY: 				Nathan Wagner, Treas. 4/5/2005 (847) 432-3666	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Date Daytime Phone #	

STAPLE CHECK HERE

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