


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 13 AM 11:03

DOCUMENT # A01000001186 1. Entity Name JARONAL EAST-WEST LTD.	
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Principal Place of Business 600 CENTRAL AVENUE, SUITE 365 HIGHLAND PARK, IL 60035	Mailing Address 600 CENTRAL AVENUE, SUITE 365 HIGHLAND PARK, IL 60035
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DO NOT WRITE IN THIS SPACE



02022006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 36-4462822	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FELNER, JAY 4182 LIVE OAK BLVD. DELRAY BEACH, FL 33445

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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 _____
Signature, typed or printed name of registered agent and date if applicable.

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 #	F00000005951
NAME	FELNER REALTY CORP.
STREET ADDRESS	600 CENTRAL AVENUE, SUITE 365
CITY-ST-ZIP	HIGHLAND PARK, IL 60035
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100068093611
03/20/06--01015--005 **500.00

[Signature]

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: *[Signature]* Nathan Wagner, Treasurer 3/10/06 847-432-3666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE