


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Feb 19, 2005 08:00 AM
Secretary of State

DOCUMENT # A02926		
1. Entity Name PULPAPER ASSOCIATES LIMITED		

Principal Place of Business C/O RABINA REALTY 670 WHITE PLAINS ROAD, SUITE 305 SCARSDALE, NY 10583	Mailing Address C/O RABINA REALTY 670 WHITE PLAINS ROAD, SUITE 305 SCARSDALE, NY 10583
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01042005 Chg-LP CR2E003 (10/03)

4. FEI Number 13-6633960		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		7. Name and Address of New Registered Agent	
GORTZ, ALBERT W ONE BOCA PLACE SUITE 340 WEST 2255 GLADES RD. BOCA RATON, FL 33431		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		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
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9. Capital Contributions as Shown on record. \$49,525.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	F93000002447	STREET ADDRESS	
NAME	IR PINE CORP	CITY-ST-ZIP	
STREET ADDRESS	670 WHITE PLAINS ROAD, SUITE 305		
CITY-ST-ZIP	SCARSDALE, NY 10583		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

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02/19/05-80013-014 526.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 	Date: 2/11/05	Daytime Phone #: 914-722-4400
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STAPLE CHECK HERE