

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006

FILED
Jul 18, 2006 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**



07052006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

13-6633960

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GORTZ, ALBERT W
ONE BOCA PLACE SUITE 340 WEST
2255 GLADES RD.
BOCA RATON, FL 33431**

**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

Signature, typed or printed name of registered agent and title if applicable

DATE

FILE NOW!!! FEE IS \$900.00
On or after September 6, 2006, Fee will be \$1000.00

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 # **F93000002447**
NAME **IR PINE CORP**
STREET ADDRESS **670 WHITE PLAINS ROAD, SUITE 305**
CITY-ST-ZIP **SCARSDALE, NY 10583**

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000000570942
07/18/06-80017-002 900.00

**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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE