


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 24, 2006 08:00 AM
Secretary of State

| | | |
|--|--|---|
| DOCUMENT # A04000000253 | |  |
| 1. Entity Name OLD CITY HALL ASSOCIATES, L.L.P. | | |

| | |
|--|--|
| Principal Place of Business 240 S. PINEAPPLE AVE., 10TH FLOOR SARASOTA, FL 34236 | Mailing Address 240 S. PINEAPPLE AVE., 10TH FLOOR SARASOTA, FL 34236 |
|--|--|



| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

03062006 Chg-LP CR2E003 (11/05)

| | | | |
|--------------|--------------|-----------------------------|-------------------------------|
| City & State | City & State | 4. FEI Number 20-0738051 | Applied For Not Applicable |
| Zip | Country | Zip | Country |

| | |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

6. Name and Address of Current Registered Agent

BAND, DAVID S
 240 S. PINEAPPLE AVE., 10TH FLOOR
 SARASOTA, FL 34236

7. Name and Address of New Registered Agent

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 _____
Signature, typed or printed name of registered agent and title 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 | | 13. ADDRESS CHANGES ONLY | |
|---------------------------------|-----------------------------------|--------------------------|---------------------------|
| DOCUMENT # | BAND, DAVID S | STREET ADDRESS | |
| NAME | 240 S. PINEAPPLE AVE., 10TH FLOOR | CITY-ST-ZIP | |
| STREET ADDRESS | SARASOTA, FL 34236 | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | RUBEN, WAYNE | STREET ADDRESS | U00000533122 |
| NAME | 1991 MAIN STREET, SUITE 208 | CITY-ST-ZIP | 05/06/06-80103-017 500.00 |
| STREET ADDRESS | SARASOTA, FL 34236 | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

STAPLE CHECK HERE

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  David S. Band, Gen Ptr 3/15/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #