


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By September 7, 2005

<b>DOCUMENT # A04218</b>			
1. Entity Name <b>AIBEL BROS. LTD.</b>			
Principal Place of Business <b>835 BLOOMFIELD AVE CLIFTON, N.J., 07012</b>		Mailing Address <b>835 BLOOMFIELD AVE CLIFTON, N.J., 07012</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**ORIGINAL NOTICE  
WAITING NOT RECEIVED**  
**THIS COPY OBTAINED  
ON LINE**  
05 AUG 22 PM 9:28  
LP 07/24/05  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
*[Signature]*



07222005 Chg-LP CR2E003 (10/03)

4. FEI Number  
**22-6228583**

Applied For	Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>AIBEL, JON 10598 N.W. SO. RIVER DR. MEDLEY, FL, FL 33178</b>		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

9. Capital Contributions as Shown on record. <b>\$30,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.
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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 #		STREET ADDRESS	
NAME	<b>AIBEL, ROY H</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>29-SHOSHONE TRAIL</b>		
CITY-ST-ZIP	<b>WAYNE, N J,</b>		
DOCUMENT #		STREET ADDRESS	
NAME	<b>AIBEL, FREDRIC L.</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>33 UNDERWOOD ROAD</b>		
CITY-ST-ZIP	<b>MONTVILLE, NJ,</b>		
DOCUMENT #		STREET ADDRESS	
NAME	<b>AIBEL, JOHN E.</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>1 RONIA ROAD</b>		
CITY-ST-ZIP	<b>MONTVILLE, NJ</b>		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

**800059199828**  
**08/31/05--01067--019 \*\*298.75**

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:** *[Signature]* **ROY H. AIBEL** **8/16/05** **913-835-4652**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE