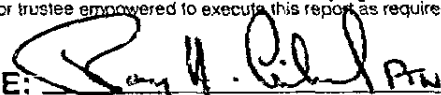


2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # A04218					
1. Entity Name AIBEL BROS. LTD.					
Principal Place of Business 835 BLOOMFIELD AVE CLIFTON, N J 07012		Mailing Address 835 BLOOMFIELD AVE CLIFTON, N J 07012			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 22-6228583	Applied For Not Applicable
5. Certificate of Status Desired ☐				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	
AIBEL, JON 10598 N.W. SO. RIVER DR. MEDLEY, FL FL 33178				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. *** After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.					
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 #	NAME			STREET ADDRESS	
NAME	AIBEL, ROY H			CITY-ST-ZIP	
STREET ADDRESS	29-SHOSHONE TRAIL				
CITY-ST-ZIP	WAYNE, N J				
DOCUMENT #	NAME			STREET ADDRESS	
NAME	AIBEL, FREDRIC L.			CITY-ST-ZIP	
STREET ADDRESS	33 UNDERWOOD ROAD				
CITY-ST-ZIP	MONTVILLE, NJ				
DOCUMENT #	NAME			STREET ADDRESS	
NAME	AIBEL, JOHN E.			CITY-ST-ZIP	
STREET ADDRESS	1 RONIA ROAD				
CITY-ST-ZIP	MONTVILLE NJ				
DOCUMENT #	NAME			STREET ADDRESS	
NAME				CITY-ST-ZIP	
STREET ADDRESS					
CITY-ST-ZIP					
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NAME				CITY-ST-ZIP	
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CITY-ST-ZIP					
DOCUMENT #	NAME			STREET ADDRESS	
NAME				CITY-ST-ZIP	
STREET ADDRESS					
CITY-ST-ZIP					
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:  ROY AIBEL				561-586-43 OR 2-28-06 973-471-50	



1st MOORE CR2E003 (10/05)

4. FEI Number **22-6228583**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**AIBEL, JON
10598 N.W. SO. RIVER DR.
MEDLEY, FL FL 33178**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

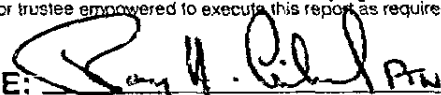
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STAPLE CHECK HERE

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SIGNATURE:  **ROY AIBEL** 561-586-43
OR
2-28-06 973-471-50