


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

**FILED
Apr 26, 2005 08:00 AM
Secretary of State**

DOCUMENT # A04748							
1. Entity Name COLONY EAST ASSOCIATES, LTD.							
Principal Place of Business		Mailing Address					
% THOMAS M. GRAHAM & CO. 230 PARK AVE. SUITE 945 NEW YORK, NY 10169		% THOMAS M. GRAHAM & CO. 230 PARK AVE. SUITE 945 NEW YORK, NY 10169					
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 59-1558295			
				Applied For 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				
VODRASKA, CHARLES 5856 DAHLIA DR. ORLANDO, FL 32807			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
9. Capital Contributions as Shown on record. \$254,999.00			10. Amount of Capital Contributions in FLORIDA to date.				
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	STREET ADDRESS				
	GRAHAM, THOMAS M JR.	275 WILLOW ST.					
		SOUTHPORT, CT	CITY-ST-ZIP				
DOCUMENT #	NAME	STREET ADDRESS	STREET ADDRESS				
	WERWAISS, JOHN A	1107 5TH AVE.					
		NEW YORK, NY	CITY-ST-ZIP				
DOCUMENT #	NAME	STREET ADDRESS	STREET ADDRESS				
	ANDREWS, VINCENT S JR.	101 OCEAN AVE.		1100001331204 04/26/05-80004-022 526.25			
		SANTA MONICA, CA	CITY-ST-ZIP				
DOCUMENT #	NAME	STREET ADDRESS	STREET ADDRESS				
	ANDREWS, ROBERT L	161 SUNRISE HILL LANE					
		NORWALK, CT	CITY-ST-ZIP				
DOCUMENT #	NAME	STREET ADDRESS	STREET ADDRESS				
DOCUMENT #	NAME	STREET ADDRESS	STREET ADDRESS				
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: <i>Thomas M. Graham</i>			Date: 4/12/05 Daytime Phone #: 2129830044				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER							

STAPLE CHECK HERE