

2006 LIMITED PARTNER ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 MAR 27 AM 10:43

DOCUMENT # A04748

1. Entity Name
 COLONY EAST ASSOCIATES, LTD.



Principal Place of Business
 % THOMAS M. GRAHAM & CO.
 230 PARK AVE. SUITE 945
 NEW YORK, NY 10169

Mailing Address
 % THOMAS M. GRAHAM & CO.
 230 PARK AVE. SUITE 945
 NEW YORK, NY 10169



03212006 Chg-LP CR2E003 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1558295

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

Charles Vodraska

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

3/21/06

DATE

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 #	NAME	STREET ADDRESS	CITY-ST-ZIP
	GRAHAM, THOMAS M JR.	275 WILLOW ST.	SOUTHPORT, CT
	WERWAISS, JOHN A	1107 5TH AVE.	NEW YORK, NY
	ANDREWS, VINCENT S JR.	101 OCEAN AVE.	SANTA MONICA, CA
	ANDREWS, ROBERT L	161 SUNRISE HILL LANE	NORWALK, CT

STREET ADDRESS	CITY-ST-ZIP
400069923474	04/10/06 01020 003 **500.00
579 Grant Road	North Salem, NY 10560
16 West Avenue	Darien, CT 06820

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:

Thomas M. Graham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-21-06

Date

212983 6044

Daytime Phone #