_2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 6, 2006

FILED Jul 18, 2006 08:00 AM Secretary of State

DOCL	MAR	ΝJ	# A	05	ദ	RR

1. Entity Name

STAPLE CHECK HERE

SIGNATURE:

MYERSBURG ASSOCIATES LIMITED PARTNERSHIP



Principal Place of Business

SCARSDALE, NY 10583

C/O RABINA REALTY 670 WHITE PLAINS ROAD, SUITE 305 Mailing Address

C/O RABINA REALTY 670 WHITE PLAINS ROAD, SUITE 305 SCARSDALE, NY 10583



DO NOT WRITE IN THIS SPACE

07052006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 13-2889943 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GORTZ, ALBERT W ONE BOCA PLACE SUITE 340 WEST 2255 GLADES ROAD BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE

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	SIGNATURE				
FILE NOWIII FEE IS \$900.00 On or after September 6, 2008, Fee will be \$1000.00					
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				
DOCUMENT ≠ NAME	838279 IR-NORTH CORP.				
STREET ADDRESS	670 WHITE PLAINS ROAD, SUITE 305	· ·			
CITY-ST-ZIP	SCARSDALE, NY 10583	U00000570943			
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		07/18/06-80017-003 900.00			
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE			
DOCUMENT A NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE			
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP					
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP					
14. I hereby certify that the information supplied with this filling 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 indicated on this report is true and accurate and that my signature indicated on this report is true and accurate and that my signature indicated on this report is true and accurate and that my signature indicated on this report is true and accurate partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					