

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 APR 27 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02212005 Chg-LP CR2E003 (10/03)

DOCUMENT # A06031 1. Entity Name TRACK II ASSOCIATES, LTD.					
Principal Place of Business C/O BERDON LLP 360 MADISON AVE. NEW YORK, NY 10017			Mailing Address C/O BERDON LLP 360 MADISON AVE. NEW YORK, NY 10017		
2. Principal Place of Business c/o BERTRAM OSTRAU Suite, Apt. #, etc. WOODLANDS ROAD		3. Mailing Address c/o PHILIP ALTAMURA Suite, Apt. #, etc. P.O. Box 7		4. FEI Number 13-6586036 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State HARRISON, New York		City & State ELMWOOD PARK, New Jersey			
Zip 10528 Country USA		Zip 07407 Country USA			
6. Name and Address of Current Registered Agent GORTZ, ALBERT W. ONE BOCA PLACE SUITE 340 WEST BOCA RATON, FL 33431				7. Name and Address of New Registered Agent 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. \$0.00		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	CITY-ST-ZIP	
	OSTRAU, BERT				
	WOODLANDS ROAD				
	HARRISON, NY 10528				
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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: <u>Bertram H. Ostau</u> <u>BERTRAM H. OSTRAU</u> <u>APRIL 20, 2005</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

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