



2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

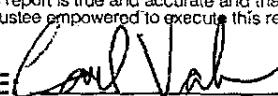
FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # A07765 1. Entity Name CIMARRON ASSOCIATES, LTD.					
Principal Place of Business 40 CUTTER MILL RD. SUITE 201 GREAT NECK, NY 11021			Mailing Address 40 CUTTER MILL RD. SUITE 201 GREAT NECK, NY 11021		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
01062005 Chg-LP CR2E003 (10/03)				4. FEI Number 59-1863224	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent RICHARD, JOHN 830 ARLINGTON RIVER DR. JACKSONVILLE, FL 32221			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. \$742,000.00			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 #	P05080		STREET ADDRESS		
NAME	SKALLOR CORP.		CITY-ST-ZIP		
STREET ADDRESS	40 CUTTERMILL RD, #201		STREET ADDRESS		
CITY-ST-ZIP	GREAT NECK, NY 11021		CITY-ST-ZIP		
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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  **Carl Valeri, President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/6/05
Date

516-482-5995
Daytime Phone #