


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Mar 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A07765</b> 1. Entity Name <b>CIMARRON ASSOCIATES, LTD.</b>	
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Principal Place of Business <b>40 CUTTER MILL RD.</b> <b>SUITE 201</b> <b>GREAT NECK, NY 11021</b>	Mailing Address <b>40 CUTTER MILL RD.</b> <b>SUITE 201</b> <b>GREAT NECK, NY 11021</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
<b>RICHARD, JOHN</b> <b>830 ARLINGTON RIVER DR.</b> <b>JACKSONVILLE, FL 32221</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	State 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 _____	01032006    Chg-LP    CR2E003 (11/05) 4. FEI Number <b>59-1863224</b> Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required 03/11/06-80009-012 500.00 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 #	P05080	STREET ADDRESS	
NAME	SKALLOR CORP.	CITY-ST-ZIP	
STREET ADDRESS	40 CUTTERMILL RD, #201		
CITY-ST-ZIP	GREAT NECK, NY 11021		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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

<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	2/21/06 Date	_____ Daytime Phone #
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STAPLE CHECK HERE