

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By September 7, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL 11 AM 11:40

DOCUMENT # A09336

1. Entity Name
HARPARD ASSOCIATES LIMITED PARTNERSHIP



Principal Place of Business
100 JERICO QUADRANGLE, #214
C/O THE NEWKIRK GROUP
JERICO, NY 11753

Mailing Address
100 JERICO QUADRANGLE, #214
C/O THE NEWKIRK GROUP
JERICO, NY 11753

2. Principal Place of Business

3. Mailing Address



06302005 Chg-LP CR2E003 (10/03)

4. FEI Number
13-2968356

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301

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

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

DATE

9. Capital Contributions
as Shown on record. \$37,750.00

10. Amount of Capital Contributions
in FLORIDA to date.

In accordance with s. 607.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.

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 # M97000000629
NAME ADGOLD ASSOCIATES LLC
STREET ADDRESS 100 JERICO QUADRANGLE, #214
CITY-ST-ZIP JERICO, NY 11753

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13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP c/o The Newkirk Group
Two Jericho Plaza, Wing A, Suite 111
Jericho, NY 11753

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STREET ADDRESS
CITY-ST-ZIP

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: BY: Adgold Associates LLC, general partner
BY: Adgold Manager LLC, managing member

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

BY: ALLISON FORRESTER
ASSISTANT SECRETARY

516
7/5/05 822 0022

STAPLE CHECK HERE