

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

**FILED**  
**Feb 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A09336**

1. Entity Name  
**HARPARD ASSOCIATES LIMITED PARTNERSHIP**



**Principal Place of Business**

**TWO JERICO PLAZA, WING A, SUITE A  
C/O THE NEWKIRK GROUP  
JERICO, NY 11753**

**Mailing Address**

**TWO JERICO PLAZA, WING A, SUITE A  
C/O THE NEWKIRK GROUP  
JERICO, NY 11753**

**DO NOT WRITE IN THIS SPACE**



01042006 No Chg-LP

CR2E003 (11/05)

4. FEI Number  
**13-2968356**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**8. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

6. 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

**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**

DOCUMENT # **M97000000629**  
NAME **ADGOLD ASSOCIATES LLC**  
STREET ADDRESS **TWO JERICO PLAZA, WING A, SUITE 111**  
CITY-ST-ZIP **JERICO, NY 11753**

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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.

SIGNATURE:

**By: Adgold Associates LLC, general partner**  
**By: Adgold Manager LLC, managing member**  
**By: MCP Manager (old), manager**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Overtime Phone #

STAPLE CHECK HERE