

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

526.25

FILED

**Apr 22, 2004 08:00 AM
Secretary of State**

| | |
|---|---|
| DOCUMENT # A09610 |  |
| 1. Entity Name CAROLDALE ASSOCIATES LIMITED PARTNERSHIP | |

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|---|---|
| Principal Place of Business 100 JERICHO QUADRANGLE, #214 C/O THE NEWKIRK GROUP JERICHO NY 11753 | Mailing Address 100 JERICHO QUADRANGLE, #214 C/O THE NEWKIRK GROUP JERICHO NY 11753 |
|---|---|

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



MOORE CR2E003 (11/03)

| | | |
|---|--|--|
| 4. FEI Number 13-3046612 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |

| | | | |
|--|--|---|--|
| 6. Name and Address of Current Registered Agent THE PRENTICE HALL CORPORATION SYSTEM 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | DATE _____ |
|--|------------|

| | | |
|---|---|--|
| 9. Capital Contributions as Shown on record. \$90,344.00 | 10. Amount of Capital Contributions in FLORIDA to date. | 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION |
|---|---|--|

**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 | M97000000633 CHADER ASSOCIATES LLC 100 JERICHO QUADRANGLE, #214 JERICHO NY 11753 | STREET ADDRESS CITY - ST - ZIP | 0000000140184 04/29/04-80149-020 526.25 |
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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 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: *Michael Ashner* **34. MLP Manager Corp managing member** **516**
34. MLP Manager Corp **4/14/04** **822 0022**
MICHAEL ASHNER **PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #