



# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By September 7, 2005

|   |   |   |
|---|---|---|
| <b>DOCUMENT # A09610</b>  |   |  |
| 1. Entity Name<br>CAROLDALE ASSOCIATES LIMITED PARTNERSHIP  |   |   |
| Principal Place of Business<br>100 JERICO QUADRANGLE, #214<br>C/O THE NEWKIRK GROUP<br>JERICO, NY 11753 | Mailing Address<br>100 JERICO QUADRANGLE, #214<br>C/O THE NEWKIRK GROUP<br>JERICO, NY 11753 |  |
| 2. Principal Place of Business  | 3. Mailing Address  |   |

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 JUL 11 AM 11:38



c/o The Newkirk Group  
Two Jericho Plaza, Wing A, Suite 111  
Jericho, NY 11753

c/o The Newkirk Group  
Two Jericho Plaza, Wing A, Suite 111  
Jericho, NY 11753

06302005 Chg-LP CR2E003 (10/03)

4. FEI Number  
13-3046612

Applied For  
Not Applicable

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

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br>THE PRENTICE HALL CORPORATION SYSTEM<br>1201 HAYS STREET<br>SUITE 105<br>TALLAHASSEE, FL 32301 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>600057768066<br>07/21/05 01082-005 ***926.25<br>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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$90,344.00

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                         |  | 13. ADDRESS CHANGES ONLY          |  |
|---|--|-----------------------------------|--|
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | M97000000633<br>CHADER ASSOCIATES LLC<br>100 JERICO QUADRANGLE, #214<br>JERICO, NY 11753 | STREET ADDRESS<br>CITY - ST - ZIP | c/o The Newkirk Group<br>Two Jericho Plaza, Wing A, Suite 111<br>Jericho, NY 11753 |
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STAPLE CHECK HERE

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:** *Bv. Chader Associates LLC, general partner*  
*Bv. Chader Manager LLC, managing member*  
*Bv. MGP Manager LLC, manager*  
*Bv. Allison Forrester*  
*ALLISON FORRESTER*  
*ASSISTANT SECRETARY*

Date *7/5/05* Daytime Phone # *516 822 0022*