2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

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

DOCUMENT # A09610

1. Entity Name
CAROLDALE ASSOCIATES LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
% THE NEWKIRK GROUP TWO JERICHO PLAZA, WING A, SUITE 111 JERICHO, NY 11753	% THE NEWKIRK GROUP TWO JERICHO PLAZA, WING A, SUITE 111 JERICHO, NY 11753

DO NOT WRITE IN THIS SPACE

01042006 No Chg-LP CR2E003 (11/05)

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

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

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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.

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 #	M97000000633
NAME	CHADER ASSOCIATES LLC
STREET ADDRESS	TWO JERICHO PLAZA, WING A, SUITE 111
CITY-ST-ZIP	JERICHO, NY 11753
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02/24/06-80011-004 500.00

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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: Chader Associates LLC, General Partner
By: Chader Manager LLC, Managing member
By: NLP Manager Corp. - manager
ALLISON FORRESTER - Director
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL

1/23/06 Date

Daytime Phone #

516 822 002