


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A10052 1. Entity Name CLEARWATER ASSOCIATES, LIMITED PARTNERSHIP	
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Principal Place of Business 1000 N. KEENE ROAD CLEARWATER, FL 34615	Mailing Address POST OFFICE BOX 799 ALBANY, NY 12201
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JAN 23 AM 11:58

DO NOT WRITE IN THIS SPACE



01032006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 14-1622382	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**UCCELLINI, CHARLES L
205 LENNOX ROAD W.
PALM HARBOR, FL 34683**

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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 #	
NAME	UCCELLINI, WALTER F.
STREET ADDRESS	THE CROSSWAY
CITY-ST-ZIP	TROY, NY 12180
DOCUMENT #	
NAME	KEARNS, GARRY J.
STREET ADDRESS	5 MARATHON DR.
CITY-ST-ZIP	TROY, NY 12180
DOCUMENT #	
NAME	ADLEY, HARRY C.
STREET ADDRESS	113 BIG PASS LANE
CITY-ST-ZIP	SARASOTA, FL 33581
DOCUMENT #	F93000004752
NAME	WALTER UCCELLINI/UNITED GROUP OF COMPANIES
STREET ADDRESS	80 STATE STREET, 8TH FLOOR
CITY-ST-ZIP	ALBANY, NY 12207
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

500065194205
02/06/06--01015--001 **\$50.00

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____ Daytime Phone # _____