

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Mar 27, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # A11955

1. Entity Name  
STATE COLLEGE ASSOCIATES, LTD.



Principal Place of Business  
1450 S. ATHERTON STREET  
STATE COLLEGE, PA 16801

Mailing Address  
1450 S. ATHERTON STREET  
STATE COLLEGE, PA 16801



02142007 No Chg-LP

CR2E003 (12/06)

4. FEI Number  
23-2893405

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

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

QUENTEL, ALBERT D  
1221 BRICKELL AVE., 24TH FLOOR  
MIAMI, FL 33131

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, 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 # F98000000451  
NAME BRYMAC, INC.  
STREET ADDRESS 1688 FIELDVIEW LANE  
CITY-ST-ZIP BETHLEHEM, PA 18015

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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000000680726  
04/04/07-80014-001 500.00

**DO NOT WRITE  
IN THIS SPACE**

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 #

STAPLE CHECK HERE

13-20-07 321-9129