

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By September 7, 2005

DOCUMENT # A12305

1. Entity Name  
JAYAL ASSOCIATES LIMITED PARTNERSHIP



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 JUL 11 AM 11:41

Principal Place of Business  
100 JERICO QUADRANGLE, #214  
C/O THE NEWKIRK GROUP  
JERICO, NY 11753

Mailing Address  
100 JERICO QUADRANGLE, #214  
C/O THE NEWKIRK GROUP  
JERICO, NY 11753

2. Principal Place of Business

3. Mailing Address

06302005 Chg-LP CR2E003 (10/03)

4. FEI Number  
13-3105550

Applied For  
Not Applicable

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

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

7. Name and Address of New Registered Agent

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

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

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

DATE

9. Capital Contributions  
as Shown on record. \$56,896.50

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

DOCUMENT # M97000000633  
NAME CHADER ASSOCIATES LLC  
STREET ADDRESS 100 JERICO QUADRANGLE, #214  
CITY-ST-ZIP JERICO, NY 11753

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13. ADDRESS CHANGES ONLY

STREET ADDRESS  
CITY-ST-ZIP  
c/o The Newkirk Group  
Two Jericho Plaza, Wing A, Suite 111  
Jericho, NY 11753

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CITY-ST-ZIP

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: *By: Chader Associates LLC, general partner*  
*By: Chader Manager, LLC, managing member*  
*By: Allison Forrester, Assistant Secretary*

Date 7/5/05 516  
Daytime Phone # 822 0021

STAPLE CHECK HERE

ALLISON FORRESTER  
ASSISTANT SECRETARY