2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 7, 2005

SECHETARY OF STATE DIVISION OF CORPORATIONS

05 JUL 11 AM11: 39

DOCUMENT # A13628

1. Entity Name
WALDREST ASSOCIATES LIMITED PARTNERSHIP Principal Place of Business Mailing Address

2. Principal Place of Business

C/O THE NEWKIRK GROUP JERICHO, NY 11753

100 JERICHO QUADRANGLE, #214

3. Mailing Address

JERICHO, NY 11753



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

100 JERICHO QUADRANGLE, #214 C/O THE NEWKIRK GROUP

> 4. FEI Number 13-3155290

Chg-LP

06302005

Applied For Not Applicable

CR2E003 (10/03)

· 	r	5. Certificate	of Status Desired	Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST., SUITE 105 TALLAHASSEE, FL 32301		Name		
		Street Address (P.O. Box Number is Not Acceptable) 100057768011 67/21/05-01082-093		
		The above named entity submits this statement for the obligations of registered agent.	the purpose of changing its reg	istered office or registered agent, or boti
SIGNATURE				
Signature, typed or printed name of registered agent ar	nd title if applicable.		DA	NTE .
9. Capital Contributions \$308 863 00	10. Amount of Capital Contributions		In accordance with s. 607.193(2)(b), F.S.,	

9. Capital Contributions as Shown on record. \$308,863.00		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.
				EGISTERED AND ACTIVE WITH THIS OFFICE.
12. GENERAL PARTNER INFORMATION		13.		
DOCUMENT # M97000000625 NAME JAZAR ASSOCIATES LLC		STREET ADDRESS	c/o The Newkirk Group	
STREET ADDRESS CITY-ST-ZIP	100 JERICHO QUADRANGLE, #214 JERICHO, NY 11753		CITY-ST-ZIP	Two Jericho Plaza, Wing A, Suite 111 Jericho, NY 11753
DOCUMENT # NAME			STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	
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STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	
DOCUMENT / NAME			STREET ADDRESS	
CITY-ST-ZIP			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 truster empowered to execute this report as required by Chapter 620. Florida Statutes

SIGNATURE:

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