


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

FILED
Feb 06, 2006 08:00 AM
Secretary of State

| | | | |
|---|---------|--|---------|
| DOCUMENT # A15375 | |  | |
| 1. Entity Name LH ASSOCIATES, LTD. | | | |
| Principal Place of Business C/O DAVID GOTTLIEB 26 LARCH HILL RD. LAWRENCE NY 11559 | | Mailing Address C/O DAVID GOTTLIEB 26 LARCH HILL RD. LAWRENCE NY 11559 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 5. Name and Address of Current Registered Agent GOTTLIEB, DAVID 17605 D ASHBORE LN. BOCA RATON FL 33143 | | 7. Name and Address of New Registered Agent 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 | | DATE | |



1st MOORE CR2E003 (10/05)

4. FEI Number **11-2726527** Applied For Not Applicable

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

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

**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 | | 13. ADDRESS CHANGES ONLY | |
|---------------------------------|--------------------|--------------------------|--|
| DOCUMENT # | GOTTLIEB, DAVID | STREET ADDRESS | |
| NAME | 26 LARCH HILL ROAD | CITY-ST-ZIP | |
| STREET ADDRESS | LAWRENCE NY 11559 | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
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| CITY-ST-ZIP | | | |

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02/18/06-80035-015 500.00

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: 

STAPLE CHECK HERE