

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By October 1, 2005

SEC. FILED
DIVISION OF STATE
CORPORATIONS
05 DEC 30 AM 10:49

DOCUMENT # A19209 1. Entity Name M.D.R. ASSOCIATES LIMITED			
Principal Place of Business 161 PLEASANT ST. LYNN, MA 01901-1513		Mailing Address 161 PLEASANT ST. LYNN, MA 01901-1513	
12 WILLIAMS TERRACE SWAMPSCOTT MA 01907		c/o 1842 BEACON ST ASSOC P O BOX 101 SWAMPSCOTT MA 01907-0101	
		09162005 Chg-LP CR2E003 (10/03)	
		59-2501452	
		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
SCHWARTZ, JAY D ONE TURNBERRY PLACE 19495 BISCAYNE BLVD., SUITE 609 AVENTURA, FL 33180-2320		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record. \$1,304,419.00		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.			
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 # NAME STREET ADDRESS CITY-ST-ZIP	MALTAGLIATI, EVA LEE 12 WILLIAMS TERR. SWAMPSCOTT, MA 01907	STREET ADDRESS CITY-ST-ZIP	
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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: <i>Eva Maltagliati</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		-9/25/05 783931035 <small>Date Daytime Phone #</small>	