


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By October 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS


06 MAY 19 AM 9:37

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		
2. Principal Place of Business Suite, Apt. #, etc. 12 WILLIAMS TERRACE City & State SWAMPSCOTT MA Zip 01907		3. Mailing Address Suite, Apt. #, etc. P O BOX 101 City & State SWAMPSCOTT MA Zip 01907-0101		09162005 Chg-LP CR2E003 (10/03) 4. FEI Number 59-2501452 Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent SCHWARTZ, JAY D ONE TURNBERRY PLACE 19495 BISCAYNE BLVD., SUITE 609 AVENTURA, FL 33180-2320	
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 _____ <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		
STREET ADDRESS	CITY-ST-ZIP		CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	CITY-ST-ZIP		CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	CITY-ST-ZIP		CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	CITY-ST-ZIP		CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	CITY-ST-ZIP		CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	CITY-ST-ZIP		CITY-ST-ZIP		

600076019606
 06/08/06--01042--014 **\$35.00

STAPLE CHECK HERE

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: 

5/1/06

781 593 1035

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #