


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 1, 2007**

**FILED**  
**Apr 03, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A23478</b> 1. Entity Name <b>HALS REALTY ASSOCIATES LIMITED PARTNERSHIP</b>	
---	---

Principal Place of Business P.O. BOX 28 GEDNEY STATION WHITE PLAINS NY 10605	Mailing Address P.O. BOX 28 GEDNEY STATION WHITE PLAINS NY 10605
---	---



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
--	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FEI Number <b>13-3021710</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
---	---

<b>HANDELSMAN, BURTON</b> <b>250 WORTH AVE.</b> <b>PALM BEACH FL 33480</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
---	------------

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2007, 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 #	<b>HANDELSMAN, BURTON</b> <b>18 HOTEL DR.</b> <b>WHITE PLAINS NY</b>	STREET ADDRESS	
NAME		CITY- ST- ZIP	
STREET ADDRESS			
CITY- ST- ZIP		STREET ADDRESS	
		CITY- ST- ZIP	<b>000000688353</b> <b>04/10/07-80078-004 500.00</b>
		STREET ADDRESS	
		CITY- ST- ZIP	
		STREET ADDRESS	
		CITY- ST- ZIP	
		STREET ADDRESS	
		CITY- ST- ZIP	
		STREET ADDRESS	
		CITY- ST- ZIP	

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: 	Date <b>3-16-07</b>	Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		

STAPLE CHECK HERE