2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED Jan 28, 2005 08:00 AM Secretary of State

DOCUMENT # A 1. Entity Name L & T LIMITED PARTNI		· . 				Se	creta	ry of State
Principal Place of Business 57 BRANT AVE., STE. 200 CLARK, NJ 07066	57 BI	Mailing Address 57 BRANT AVE., STE. 200 CLARK, NJ 07066						
2. Principal Place of Business	3. Mail	ing Address	. <u> </u>					
Suite, Apt. #, etc.	Suite	Suite, Apt. #, etc.			01102005	Chg-LP	CR2E00	3 (10/03)
City & State	City	City & State			4. FEI Number 22-281656	34		Applied For Not Applicable
Zip Cou	ntry Zip		Country	у	5. Certificate of S			68.75 Additional
6. Name and A	ddress of Current Registere	d Agent	<u></u>		7. Name and Add	dress of New R		
MARTIN, ROBERT C ESQ.				Name				
% HEIDGERD, MARTIN & 800 SE 3RD AVENUE, SL	BENNIS, P.A.	Street Add		Street Address (P.O. Box Number is	Not Acceptable)	
FT. LAUDERDALE, FL 33						_		
				City			FL	Zip Code
8. The above named entity submithe obligations of registered as		ose of changing its	registered	office or register	ed agent, or both, ir	n the State of Flo	rīda. I am fa	miliar with, and accept
SIGNATURE - Signature, typed or printed	name of registered agent and title it appl	icable					DATE	
Capital Contributions as Shown on record. \$400	140	Amount of Capita In FLORIDA to da		itions				······································
	BAL PARTNER THAT IS A							
12.	ENERAL PARTNER INFORM		13.			ADDRESS CHA		
DOCUMENT# TUCKER, ALLE	N		STREET	ADDRESS				
STREET ADDRESS 57 BRANT_AVE			CiTY-S	ıī-ZIP		תחממע	0202239	
DOCUMENT #			STREET	ADDRESS	· · · · · · · · · · · · · · · · · · ·	01/28/05	-80156	022 141.25
HAME STREET ADDRESS GITY-ST-ZIP			CITY-S			····		
DOCUMENT #		······································	STREET	ADDRESS	<u></u>			
STREET ADDRESS City-ST-ZIP			CITY-S	iT-ZIP				
DOCUMENT #			STREET	ADDRESS				
STREET ADORESS			CITY-S	ST - ZIP				
DOCUMENT #			STREET	ADDRESS				
CITY-ST-ZIP DOCUMENT * NAME * STREET, ADDRESS CITY-ST-ZIP DOCUMENT * NAME			CITY-S	ST-ZIP				
DOCUMENT .			STREET	ADDRESS		<u> </u>		;
STREET ADDRESS CITY-ST-ZIP			спү-s	T-ZIP				······································
14. I hereby certify that the inform indicated on this report is true the receiver or trustee empow	and accurate and that my si	gnature shall have serequired by Chap	the same I ter 620, Fk	legal effect as if m	ction 119.07(3)(i), Fi nade under oath, tha	at I am a Genera	l Partner of the	ty that the information the limited partnership or 340 -000/