2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # A24051

1. Entity Name
TRUEBE ASSOCIATES, LTD.

Principal Place of Business
C/O CT CORP. SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Mailing Address
4 TUFTONBORO NECK ROAD
MIRROR LAKE, NH 03853

04132005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2806072 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. $600,000.00

10. Amount of Capital Contributions in FLORIDA to date. $ 600,000.00

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 #		STREET ADDRESS	
NAME	TRUEBE, JONATHAN P.		
STREET ADDRESS	4 TUFTONBORO NECK ROAD	CITY-ST-ZIP	
CITY-ST-ZIP	MIRROR LAKE, NH		
DOCUMENT #		STREET ADDRESS	H00000036038 04/27/05-80108-023 526.25
NAME	TRUEBE, HENRY A.		
STREET ADDRESS	3113 E TABLE MOUNTAIN RD	CITY-ST-ZIP	
CITY-ST-ZIP	TUSCON, AZ		
DOCUMENT #		STREET ADDRESS	
NAME			
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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: Jonathan P. Truebe April 14, 2005 603-569-3492
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #