


**2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006**

**FILED
Mar 16, 2006 08:00 AM
Secretary of State**

DOCUMENT # A24051
1. Entity Name
TRUEBE ASSOCIATES, LTD.



Principal Place of Business Mailing Address
**C/O CT CORP. SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324** **4 TUFTONBORO NECK ROAD
MIRROR LAKE, NH 03853**



03132006 No Chg-LP CR2E003 (11/05)

4. FEI Number 59-2806072	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

DO NOT WRITE IN THIS SPACE

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

**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00**

U000000453694
 03/27/06-80008-016 500.00

**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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	TRUEBE, JONATHAN P. 4 TUFTONBORO NECK ROAD MIRROR LAKE, NH
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	TRUEBE, HENRY A. 3113 E TABLE MOUNTAIN RD TUSCON, AZ
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
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DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE

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: *Jonathan P. Truebe* **Jonathan P. Truebe** Mar. 13, 2006 603-569-3492
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #