


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

DOCUMENT # A24051 1. Entity Name TRUEBE ASSOCIATES, LTD.	
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 FEB -7 AM 10:16



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
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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

1st MOORE CR2E003 (10/06)

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

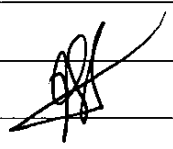
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above 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.

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 #	NAME TRUEBE, JONATHAN P. STREET ADDRESS 4 TUFTONBORO NECK ROAD CITY ST ZIP MIRROR LAKE NH	STREET ADDRESS	
DOCUMENT #	NAME TRUEBE, HENRY A. STREET ADDRESS 3113 E TABLE MOUNTAIN RD CITY ST ZIP TUSCON AZ	STREET ADDRESS	
DOCUMENT #		STREET ADDRESS	000098225780 02/13/07--01035--024 **\$35.00
DOCUMENT #		STREET ADDRESS	
DOCUMENT #		STREET ADDRESS	
DOCUMENT #		STREET ADDRESS	
DOCUMENT #		STREET ADDRESS	

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 Jan 29, 07 603-569-3492
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #