


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 10 AM 9:25

DOCUMENT # A28048 1. Entity Name GOLDMEIER (N.J.) LTD.					
Principal Place of Business MACK CENTRE VI, PO BOX 1765 61 S. PARAMUS ROAD PARAMUS, NJ 07652			Mailing Address P.O. BOX 1765 PARAMUS, NJ 07652		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GOLDMEIER, BARRY S 1000 MARINER DRIVE KEY BISCAVNE, FL 33149			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$8.00		10. Amount of Capital Contributions in FLORIDA to date.			
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 #	K72512		STREET ADDRESS		
NAME	GOLDMEIER (N.J.) CORP.		CITY-ST-ZIP		
STREET ADDRESS	MACK CENTRE VI 61 S. PARAMUS RD.		STREET ADDRESS		
CITY-ST-ZIP	PARAMUS, NJ 07652		CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: _____			Pres. Goldmeier (N.J.) Corp, Gen. P. Partner 3/7/05 _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

988



03032005 Chg-LP CR2E003 (10/03)

4. FEI Number **58-1833323** Applied For Not Applicable

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

FL Zip Code

700048581337
03/17/05--01008--005 **141.25

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