



**2008 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2008**

**FILED  
Jan 23, 2008 08:00 A  
Secretary of State**

<b>DOCUMENT # A28301</b> 1. Entity Name 1601 POWERLINE ASSOCIATES, LTD.	
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Principal Place of Business 65 WEST 36TH STREET STE. 1200 NEW YORK, NY 10018	Mailing Address 65 WEST 36TH STREET STE. 1200 NEW YORK, NY 10018
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**DO NOT WRITE IN THIS SPACE**



01042008 No Chg-LP CR2E003 (12/06)

4. FEI Number 11-2966373	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC  
2 SOUTH BISCAYNE BLVD., SUITE 3400  
MIAMI, FL 33131-0897

**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 \_\_\_\_\_ U00000792829  
Signature, typed or printed name of registered agent and title if applicable 01/24/08-80024-014 508, 75  
DATE

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2008, Fee will be \$900.00**

**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.**

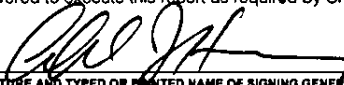
12. GENERAL PARTNER INFORMATION

DOCUMENT #	M06000001930
NAME	H & G POWERLINE LLC
STREET ADDRESS	65 W 36TH STREET STE. 1200
CITY-ST-ZIP	NEW YORK, NY 10018
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:**  **1-4-08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #