
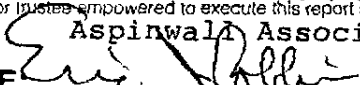


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # A94000001788					
1. Entity Name ASPINWALL ASSOCIATES, LTD.					
Principal Place of Business 419 N. BRIGGS AVENUE SARASOTA FL 34237			Mailing Address P.O. BOX 1405 MORRISTOWN NJ 07960-1405		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0494975	
				Applied For Not Applied	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent JUDITH RICHARDS 19451 CEDAR GLEN DRIVE BOCA RATON FL 33434				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! Fee is \$500. *** After May 1, 2006, 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 #	P94000040946		STREET ADDRESS	U00000504799	
NAME	ASPINWALL, INC.		CITY-ST-ZIP	04/26/06-80090-003 508.75	
STREET ADDRESS	20 COMMUNITY PLACE				
CITY-ST-ZIP	MORRISTOWN NJ 07960				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
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					
Aspinwall Associates, Ltd. By: Aspinwall, Inc., its G.P. 2/20/06 973-539-1451					
SIGNATURE:  President					

STAPLE CHECK HERE