


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

FILED
Apr 09, 2007 08:00 AM
Secretary of State

DOCUMENT # A95000001111	
1. Entity Name BROOKSIDE ASSOCIATES, LTD.	

Principal Place of Business 3404 MAGENTA WAY BRANDON FL 33511	Mailing Address % MR. ERIC J. ROBBINS 20 COMMUNITY PLACE MORRISTOWN NJ 07960
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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

1st MOORE CR2E003 (10/06)

4. FEI Number 59-3329757	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RICHARDS, JUDITH 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.

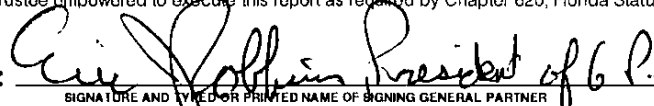
SIGNATURE _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable.

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 #	P95000055432	STREET ADDRESS	
NAME	BROOKSIDE MANOR, INC.	CITY-STATE-ZIP	000000697071
STREET ADDRESS	20 COMMUNITY PLACE		04/18/07-80025-013 508.75
CITY-STATE-ZIP	MORRISTOWN NJ 07960		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-STATE-ZIP	
STREET ADDRESS			
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NAME		CITY-STATE-ZIP	
STREET ADDRESS			
CITY-STATE-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.

SIGNATURE:  **2/12/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE