


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # A96000002482					
1. Entity Name THE MILTON PARTNERSHIP, LTD.					
Principal Place of Business 44 COCOANUT ROW, APARTMENT B-415 % SYLVIA W. FELDMAN PALM BEACH, FL 33480			Mailing Address C/O LESLIE FELDMAN, ESQ 277 BROADWAY NEW YORK, NY 10007		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01102005 Chg-LP CR2E003 (10/03)	
4. FEI Number 65-0742901				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FELDMAN, SYLVIA W 44 COCOANUT ROW, APARTMENT B-415 PALM BEACH, FL 33480			Name Street Address (P.O. Box Number is Not Acceptable) City		
FELDMAN, SYLVIA W 44 COCOANUT ROW, APARTMENT B-415 PALM BEACH, FL 33480			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>					
9. Capital Contributions as Shown on record. \$1,244,000.00			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 #	NAME		STREET ADDRESS		
NAME	FELDMAN, SYLVIA W		CITY-ST-ZIP		
STREET ADDRESS	44 COCOANUT ROW, APARTMENT B-415		CITY-ST-ZIP		
CITY-ST-ZIP	PALM BEACH, FL 33480		CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	FELDMAN, LESLIE C		CITY-ST-ZIP		
STREET ADDRESS	277 BROADWAY, SUITE 601		CITY-ST-ZIP		
CITY-ST-ZIP	NEW YORK, NY 10007		CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	FELDMAN, JEFFREY W		CITY-ST-ZIP		
STREET ADDRESS	41 WHEATLEY ROAD		CITY-ST-ZIP		
CITY-ST-ZIP	UPPER BROOKVILLE, NY 11545		CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
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STREET ADDRESS			CITY-ST-ZIP		
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)(f), 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: _____			Date _____ Daytime Phone # _____		



STAPLE CHECK HERE

4/15/05 212 233 5688