

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Jan 17, 2006 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



01042006 Chg-LP CR2E003 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0742901

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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

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

Signature, typed or printed name of registered agent and title if applicable

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
FELDMAN, SYLVIA W
44 COCOANUT ROW, APARTMENT B-415
PALM BEACH, FL 33480

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
FELDMAN, LESLIE C
277 BROADWAY, SUITE 601
NEW YORK, NY 10007

STREET ADDRESS
CITY-ST-ZIP

000000388137
01/13/06 00067 016 500.00

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
FELDMAN, JEFFREY W
41 WHEATLEY ROAD
UPPER BROOKVILLE, NY 11545

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
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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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

1/10/06