

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

**FILED**  
**Feb 11, 2008 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



01292008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

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

FELDMAN, SYLVIA W  
44 COCOANUT ROW, APARTMENT B-415  
PALM BEACH, FL 33480

**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

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

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

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

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

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U00000823456  
02/20/08-80040-010 500.00

**DO NOT WRITE  
IN THIS SPACE**

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 #

2/11/08 (212) 233-5488

STAPLE CHECK HERE