

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**May 05, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # A97000000326

1. Entity Name  
LID ASSOCIATES, LTD.



Principal Place of Business  
C/O LOEB PARTNERS REALTY  
521 FIFTH AVENUE, SUITE 2300  
NEW YORK, NY 10175

Mailing Address  
C/O LOEB PARTNERS REALTY  
521 FIFTH AVENUE, SUITE 2300  
NEW YORK, NY 10175



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03022005 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number  
13-3931361

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

NATINOAL CORPORATE RESEARCH, LTD., INC.  
103 N MERIDIAN STREET  
TALLAHASSEE, FL 32301

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

9. Capital Contributions  
as Shown on record. \$5,127,000.00

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 # P97000011478  
NAME LOEB INTERNATIONAL DRIVE, INC.  
STREET ADDRESS 521 FIFTH AVENUE, SUITE 2300  
CITY-ST-ZIP NEW YORK, NY 10175

STREET ADDRESS

CITY-ST-ZIP

11000000362229  
05/05/05-90102-020 526.25

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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

ALAN L. GORDON

Date

Daytime Phone if

STAPLE CHECK HERE