


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 APR -7 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | | | |
|---|-------------------|------------------------------|--|---|-------------|
| DOCUMENT # A97000001052 | | | |  | |
| 1. Entity Name HALPERN PARTNERS, LTD. | | | | | |
| Principal Place of Business 6768 10TH AVENUE NORTH, #301 LAKE WORTH, FL 33467 | | | Mailing Address LEVINE NEIDER WOHL, LLP 230 PARK AVE., STE 462 NEW YORK, NY 10169 | | |
| 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 65-0746564 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 5. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| HALPERN, JACK 6768 10TH AVENUE NORTH, SUITE 301 LAKE WORTH, FL 33467 | | | | 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 <u>Jack Halpern</u> DATE <u>3/20/05</u> | | | | | |
| 9. Capital Contributions as Shown on record | | \$2,000,000.00 | | 10. Amount of Capital Contributions in FLORIDA to date. \$ 958,330 | |
| 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 | STREET ADDRESS | CITY-ST-ZIP |
| | HALPERN, JACK | 6768 10TH AVENUE NORTH, #301 | LAKE WORTH, FL 33467 | | |
| | HALPERN, HOWARD M | 7 NORROWS WAY | JAMESBURG, NJ 08831 | | |
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| 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Jack Halpern</u> DATE <u>3/15/05</u> | | | | | |

STAPLE CHECK HERE