


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED
May 16, 2005 08:00 AM
Secretary of State

DOCUMENT # A97000001515			
1. Entity Name THE ANNE BECKER REAL ESTATE LIMITED PARTNERSHIP			
Principal Place of Business C/O RICHARD G. KLIEN, ESQ. 530 FIFTH AVE., 9TH FLOOR NEW YORK NY 10036		Mailing Address 530 FIFTH AVENUE, 9TH FLOOR C/O RICHARD KLEIN NEW YORK NY 10036	
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 59-3449185		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 HIQ CORPORATE SERVICES, INC 526 E. PARK AVE., STE. 200 TALLAHASSEE FL 32301		7. Name and Address of New Registered Agent	
		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____	
9. Capital Contributions as Shown on record. \$122,300.00		10. Amount of Capital Contributions in FLORIDA to date.	
11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.			

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	
	BECKER, ANNE TRUSTEE		070000366846
STREET ADDRESS	143 AVENUE B, APT. 9G	CITY-ST-ZIP	05/16/05-80009-011 526.25
CITY-ST-ZIP	NEW YORK NY 10009		
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CITY-ST-ZIP			

STAPLE CHECK HERE

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:  **apm. 28/05** **646-644-9855**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #