## 2006 LIMITED PARTNERSHIP ANNUAL REPORT

## **FILED** 1

Due By May 1, 2006				May 01, 2006 08:00 AM		
DOCUMENT # A98000000683				Secretary of State		
	Ñ ASSOCIATES, LTD.					
Principal Place of Business Mailing Address 23335 MRABELLA CIRCLE NORTH 23335 MRABELLA CIRCLE NORTH BOCA RATON, FL 33433 BOCA RATON, FL 33433			ORTH			
				01182006 No Chg-LP	CR2E003 (11/05)	
DO NOT WRITE IN THIS SPAC			CE	4. FEI Number 65-0819311 5. Certificate of Status Desired	Applied For Not Applicable \$8.75 Additional	
<b>}</b>	6. Name and Address of Curr	ent Registered Agent	<del></del>		Fee Required	
C/O GREE 2300 GLA	ELD, WILLIAM ENFIELD KATZ DEVELOPM DES ROAD, SUITE 100-E TON, FL 33431			DO NOT WRITE IN THIS SPACE		
	tions of registered agent.	nt for the purpose of changing its registe	red office or register	ed agent, or both, in the State of Flori	da. I am familiar with, and accept	
Signature, typed or printed manay of registered agent and tho fi applicable.				DATE		
FILE NOWIII FEE IS \$500.00 After May 1, 2006, Fee will be \$900.90				1000005 1576.00-0	54890 801 <b>0-</b> 022 500 <b>6</b> 0	
	A GENERAL PARTNE NOTE: General Partners	R THAT IS A BUSINESS ENTITY I MAY NOT be changed on the for	MUST BE REGIST	IERED AND ACTIVE WITH THIS	OFFICE.	
12.		NER INFORMATION				
NAME STREET ADDRESS CITY- ST-ZIP	FELDMAN, RUTH 23335 MIRABELLA CIRCLE 1 BOCA RATON, FL 33433	NORTH				
DOCUMENT I NAME STREET ADDRESS CITY-ST-ZIP						
DOGUMENT # HAME STREET ADDRESS GITY-ST-ZIP	_			DO NOT WR		
DOCUMENT # NAME SIRLET ADDRESS CITY-ST-ZIP				IN THIS SPA	CE	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP						
DOCUMENT I NAME STREET ADDRESS						

14. I hereby certify that the information supplied with this filling does not quality 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:

CITY-ST-ZIP

STAPLE CHECK HERE

William R. Greenfield

NTED NAME OF SIGNING GENERAL PARTNER

561-392-6662 Вауктю Посые В