## 2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2006

DOCUMENT # A98000001869  1. Entity Name ELMOR ASSOCIATES, LTD.				Secretary of State	
Principal Place of Bush less Mailing Address					
C/O JOSHUA KAMI RMAN 470 PARK AVENUE SOUTH, 12TH FLOOR SOUT NEW YORK NY 10016				2TH FLOOR SOU	
2. Principal Place of B Isiness		3. Mailing Address			
Suite, Apt. #, etc		Suite, Apt. #, etc.			1st MOORE CR2E003 (10/05)
City & State		City & State			4. FEI Number 11-2303164 Applied For Not Applied ho
Zip	Country	Zip	Coun	try	Certificate of Status Desired
6. Na ne and Address of Current F		egistered Agent Name		Nome	7. Name and Address of New Registered Agent
BLAUSTEIL, DONNA R 20818 WEST DIXIE HWY. AVENTURA FL 33180					P.O. Box Number is Not Acceptable)  FL Zip Code
8. The above	pamed entity submits this statement	for the outpose of changin	a its reaiste		tered agent, or both, in the State of Florida. I am familiar with, and
accept the obligations of registered agent.					
SIGNATURE Signature, in ed or printed name of registored agent and titla if applicable.					
FILE NOW!!! Fig. is \$500. *** After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.					
	A GENERAL PARTNER NOTE: General Partners M.	THAT IS A BUSINESS I AY NOT be changed or	ENTITY M	UST BE REGIST	FERED AND ACTIVE WITH THIS OFFICE. It must be filed to change a general partner.
12.	GENERAL PARTNE		13.		ADDRESS CHANGES ONLY
DOCUMENT #	P980000 42451 LIGHT P. IOPERTIES, INC.		STRE	ET ADDRESS	
STREET ADORCSS CITY-ST-ZIP	5500 CC LLINS AVENUE, SUITE :	102 <sup>-</sup>	CHTY	-ST-ZIP	U0000048269 <b>8</b>
DOCUMENT F	MINIM S. STOFFI E GO 140		STRO	ET ADDRESS	04/11/06-30082-023 500.80
NAME STREET ADDRESS			cm	-ST-ZIP	
DOCUMENT #			SIRE	ELAUDRESS	
NAME STREET ADDRESS			1	-ST-ZMP	
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NAME STREET ADDRESS			1	ET ADDRESS	
CITY-ST-ZTP			CITY	- ST- ZIP	
DOCUMENT # NAME			STRE	TET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			citr	-ST-ZIP	
DOCUMENT # NAME			SIRE	ET ADDRESS	
STREET ADDRESS CHY-SI-ZIP				-ST-ZIP	
14. I hereby certify that the information supplied with this filing 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 it made under oath; that I am a General Partner of the limited partnership or the receiver or true ee empowered to execute this report as required by Chapter 620. Florida Statutes  LIGHT FROMERIES ING GENERAL PARTNER  LIGHT FROME LIECHTUNG ITS PRESIDENT  SIGNATURE:  SIGNATURE:					
SIGNATURE: Much hechterry 3/23/06					

**FILED**