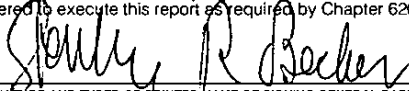


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By September 7, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAY 17 AM 10:24

<b>DOCUMENT # A99000000960</b>					
1. Entity Name BECKER PARTNERSHIP, LTD.					
Principal Place of Business 16285 PORT DICKINSON DRIVE JUPITER, FL 33477			Mailing Address 16285 PORT DICKINSON DRIVE JUPITER, FL 33477		
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 65-0930270	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BECKER, STANLEY R 16285 PORT DICKINSON DRIVE JUPITER, FL 33477			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$6,150,000.00			10. Amount of Capital Contributions in FLORIDA to date.		In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.
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	700056154177	
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP	06/14/05--01050--016 **526.25	
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP	127 E. 64th Street	
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP	New York, NY 10021	
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP	77 Olmstead Hill Road	
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP	Wilton, CT. 06897	
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP		
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP		
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP		
DOCUMENT #	NAME	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)(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: 			5-12-05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE