

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

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # B01000000410
1. Entity Name
ST. ALBANS FINANCIAL COMPANY LIMITED PARTNERSHIP



Principal Place of Business Mailing Address
C/O J. YAMPOLSKY C/O J. YAMPOLSKY
632 MONTGOMERY AVENUE, SUITE 300 632 MONTGOMERY AVENUE, SUITE 300
NARBERTH PA 19072 NARBERTH PA 19072



2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

1st MOORE CR2E003 (10/05)
4. FEI Number 23-2012560 Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**MUNROE, W. BRADLEY
239 EAST VIRGINIA STREET
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 _____ DATE _____
Signature (typed or printed name of registered agent and title if applicable)

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

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 #	MAJA MANAGEMENT CORP		STREET ADDRESS	
NAME	632 MONTGOMERY AVENUE, SUITE 300		CITY-ST-ZIP	
STREET ADDRESS	NARBERTH PA 19072			
CITY-ST-ZIP				
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CITY-ST-ZIP				

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02/17/06-80025-013 500.00

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify 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.

JACK YAMPOLSKY, PRES OF MAJA MANAGEMENT CORP, GEN'L PTR
SIGNATURE: _____ **1/28/06**