


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

**FILED**  
**Mar 29, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # B02000000125</b>		
1. Entity Name <b>LIFE FUND PARTNERSHIP, L.P.</b>		

Principal Place of Business <b>92 HARTSHORN DRIVE SHORT HILLS NJ 07078</b>	Mailing Address <b>92 HARTSHORN DRIVE SHORT HILLS NJ 07078</b>
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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 <b>22-3651776</b>	Applied For <input type="checkbox"/> Not Applied
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>EICHLER, PHILIP 1225 BREAKERS BLVD. WEST PALM BEACH FL 33411</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b> 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 #		STREET ADDRESS	
NAME	<b>EICHLER, PHILIP</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>92 HARTSHORN DR.</b>		
CITY-ST-ZIP	<b>SHORT HILLS NJ 07078</b>		
DOCUMENT #		STREET ADDRESS	<b>800000483322</b>
NAME	<b>EICHLER, CAROL</b>	CITY-ST-ZIP	<b>04/11/06-80118-002 500.00</b>
STREET ADDRESS	<b>92 HARTSHORN DR.</b>		
CITY-ST-ZIP	<b>SHORT HILLS NJ 07078</b>		
DOCUMENT #		STREET ADDRESS	
NAME	<b>EICHLER, JOEL TRUSTEE</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>22 HILLTOP ROAD</b>		
CITY-ST-ZIP	<b>SHORT HILLS NJ 07078</b>		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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

SIGNATURE: <i>Carol Eichler</i>	<b>CAROL C Eichler</b>	<b>3/23/06</b>	<b>973 3791</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	Daytime Phone #