


**2006 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2006**

**FILED  
May 06, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # B03000000295**  
 1. Entity Name  
**MARINER PLAZA REALTY ASSOCIATES, L.P.**



Principal Place of Business      Mailing Address  
 60 BROAD ST.  
 STE. 3503  
 NEW YORK, NY 10004      60 BROAD ST.  
 STE. 3503  
 NEW YORK, NY 10004



04252006 No Chg-LP      CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**NOT APPLICABLE**      Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**AGI REGISTERED AGENTS, INC  
 1200 BRICKELL AVE, STE 900  
 MIAMI, FL 33131**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box, etc.)  
 City  
**DO NOT WRITE IN THIS SPACE**  
**FL**

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 certifying that the entity is in compliance with the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature typed or printed name of registered agent and use if applicable)

**FILE NOW!!! FEE IS \$500.00  
 After May 1, 2006, Fee will be \$900.00**

**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 #	F03000004280	STREET ADDRESS	
NAME	PLAZA MARINER, INC.	CITY-STATE-ZIP	
STREET ADDRESS	90 WILLIAM ST.		
CITY-STATE-ZIP	NEW YORK, NY 10036		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-STATE-ZIP	
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NAME		CITY-STATE-ZIP	
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CITY-STATE-ZIP			

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U00000541771  
 05/10/06-80072-020 500.00

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. 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: *S. Edelstein*      **S. Edelstein**      4/26/06      2/2 668 2101  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER