


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 JAN 18 AM 11:16

DOCUMENT # B05000000471	
1. Entity Name LESLIE E. ROBERTSON ASSOCIATES, R.L.L.P., LTD.	

Principal Place of Business 30 BROAD STREET, 47TH FLOOR NEW YORK, NY 10004	Mailing Address 30 BROAD STREET, 47TH FLOOR NEW YORK, NY 10004
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01052006 Chg-LP CR2E003 (11/05)

4. FEI Number 13 - 3147972	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
BUSINESS FILINGS INCORPORATED 1203 GOVERNORS SQUARE BLVD., SUITE 101 TALLAHASSEE, FL 32301-2960	

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 \$500.00
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 #	NAME	STREET ADDRESS	CITY-ST-ZIP
	SEE, SAW-TEEN		
	30 BROAD STREET, 47TH FLOOR		
	NEW YORK, NY 10004		
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	FASCHAN, WILLIAM J		
	30 BROAD STREET, 47TH FLOOR		
	NEW YORK, NY 10004		
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	SESIL, DANIEL A		
	30 BROAD STREET, 47TH FLOOR		
	NEW YORK, NY 10004		
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	ZOTTOLA, RICHARD		
	30 BROAD STREET, 47TH FLOOR		
	NEW YORK, NY 10004		
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

400064939704
 02/01/06--01077--025 **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

SIGNATURE: Saw-Teen See SAW-TEEN SEE January 10, 2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #