## **2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007**

12

## DOCUMENT # B060000000000



## FILED

PT ASSOCIATES L.P.					2007 APR II AM 9: 59				
Principal Place of Business  C/O SAP IV PARK TOWER NF GP L.L.C.  C/O SAP IV PARK TOWER  111 GREAT NECK ROAD, SUITE 408  GREAT NECK, NY 11021  Mailing Address  C/O SAP IV PARK TOWER  111 GREAT NECK ROAD,  GREAT NECK, NY 11021			D, SUITE					183// 88/// 88//8 NBCO// 21 JBBS	
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		· · · · · · · · · · · · · · · · · · ·	02232007	Chg-LP	CR2E	5003 (12/06)	
City & State		City & State		4. FEI Number			Applied For Not Applicable		
Zip Country		Zip	Country		5. Certificate o	f Status Desired		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent					7. Name and A	ddress of New R	legistered	Agent	
UNITED CORPORATE SERVICES, INC.				Name					
9200 SOUTH DADELAND BLVD. MIAMI, FL 33156				Street Address (P.O. Box Number is Not Acceptable)					
				City			FI	Zip Code	
The above named entity submits this statement for the purpose of changing its rethe obligations of registered agent.				ed office or register	red agent, or both	, in the State of Flo		<u>-   13.718</u>	
SIGNATURE									
		<del></del>				<u> </u>	DATE		
		W!!!  FEE IS \$500.00 2007, Fee will be \$900	0.00						
<u> </u>	A GENERAL PARTNER NOTE: General Partners M	UST BE REGIST	TERED AND AC	TIVE WITH TH	IS OFFIC	E.			
12. GENERAL PARTNER INFORMATION						ADDRESS CHA	ANGES ON	JLY	
DOCUMENT # M06000000018  NAME			STRE	ET ADORESS					
STREET ADDRESS CITY-S1-ZIP	111 GREAT NECK ROAD, SUIT GREAT NECK, NY 11021	E 408	CITY	ST ZIP		<u>ריים על עליים ני</u>	706	1400	
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STREET ADDRESS CITY-ST-ZIP			CITY	SI ZIP					

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE GENERAL PARTNER

2007

Daytime Phone #