


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 FEB 12 AM 9:29

| | | |
|---|--|---|
| DOCUMENT # B06000000369 | |  |
| 1. Entity Name PALISADES HUDSON ASSET MANAGEMENT, L.P. | | |

| | |
|---|---|
| Principal Place of Business 2 OVERHILL ROAD, STE. 100 SCARSDALE, NY 10583 | Mailing Address 2 OVERHILL ROAD, STE. 100 SCARSDALE, NY 10583 |
|---|---|

| | | | |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



01312007 Chg-LP CR2E003 (12/06)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 76-0773849 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

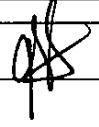
| | | | |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| HEARN, SHOMARI D 110 E. BROWARD BLVD., STE. 1620 FT. LAUDERDALE, FL 33301 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | |
| | | FL 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 _____ Signature, typed or printed name of registered agent and title if applicable. | DATE _____ |
|--|------------|

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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 # | F06000006220 | STREET ADDRESS |  |
| NAME | PALISADES HUDSON ASSET MANAGEMENT, INC. | CITY-ST-ZIP | |
| STREET ADDRESS | 2 OVERHILL ROAD, STE. 100 | | |
| CITY-ST-ZIP | SCARSDALE, NY 10583 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
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| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

000088445930
 02/15/07 01037 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:  Larry D. Etkin, President of F&S 2/15/2007 914-222-2200 | Date | Daytime Phone # |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | | |