

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # B93000000260

1. Entity Name
GOLDMAN, SACHS & CO. LIMITED



FILED

06 APR 28 PM 1:22

Principal Place of Business
85 BROAD STREET
NEW YORK, NY 10004

Mailing Address
ATTN: HALEY PARK
ONE NEW YORK PLAZA
NEW YORK, NY 10004

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04272006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

13-5108880

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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, 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

DOCUMENT # F99000002246
NAME THE GOLDMAN SACHS GROUP, INC.
STREET ADDRESS 85 BROAD STREET
CITY-ST-ZIP NEW YORK, NY 10004

DOCUMENT # M97000000249
NAME THE GOLDMAN, SACHS & CO. L.L.C.
STREET ADDRESS 85 BROAD STREET
CITY-ST-ZIP NEW YORK, NY 10004

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800074078798
05/05/06--01045--018 **500.00

**DO NOT WRITE
IN THIS SPACE**

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:

Julie Abraham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Julie M. Abraham
Assistant Secretary

4/26/06

Date

72-357-6330

Daytime Phone #

STAPLE CHECK HERE