


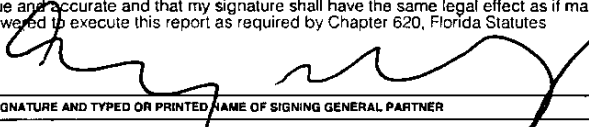


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 7, 2005

FILED

2005 MAY -5 PM 12: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA.

DOCUMENT # B97000000648 1. Entity Name ALTITUNES PARTNERS, LP					
Principal Place of Business 15 WEST 28TH STREET, 5TH FLOOR NEW YORK, NY 10001				Mailing Address 15 WEST 28TH STREET, 5TH FLOOR NEW YORK, NY 10001	
2. Principal Place of Business 1104 LEXINGTON AVE Suite, Apt. #, etc. 4D City & State NEW YORK NY Zip 10021		3. Mailing Address 1104 LEXINGTON AVE Suite, Apt. #, etc. 4D City & State NEW YORK NY Zip 10021			
Country USA		Country USA		4. FEI Number 13-3774596	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$0.00		10. Amount of Capital Contributions in FLORIDA to date.			
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	STREET ADDRESS	CITY-ST-ZIP
	NYE, AMY J	133 EAST 80TH STREET	NEW YORK, NY 10021		
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 				5/2/05 2122499808 <small>Date Daytime Phone #</small>	

STAPLE CHECK HERE