


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR 30 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B98000000537 1. Entity Name NORTHCO MANAGEMENT SERVICES LP					
Principal Place of Business C/O COLONNADE PROPERTIES ONE ROCKEFELLER PLAZA, STE. 2300 NEW YORK, NY 10020			Mailing Address C/O COLONNADE PROPERTIES ONE ROCKEFELLER PLAZA, STE. 2300 NEW YORK, NY 10020		
2. Principal Place of Business - No P.O. Box # 380 Lexington Ave.		3. Mailing Address 380 Lexington Avenue			
Suite, Apt. #, etc. Suite 710		Suite, Apt. #, etc. Suite 710			
City & State New York, NY		City & State New York, NY		4. FEI Number 41-1909892	
Zip 10168		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$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			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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 #	M98000000948		STREET ADDRESS	380 Lexington Avenue, Ste 710	
NAME	NORTHCO-TSG MANAGERS LLC		CITY-ST-ZIP	New York, NY 10168	
STREET ADDRESS	ONE ROCKEFELLER PLAZA, STE. 2300				
CITY-ST-ZIP	NEW YORK, NY 10020				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			800102360198 05/15/07--01005--004 **\$500.00		
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-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: <u>Joseph Sambuco</u>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					

STAPLE CHECK HERE