

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # B99000000083 1. Entity Name S. EASTON & CO. (SECURITIES) LTD.					
Principal Place of Business 1 PARKER PLAZA FORT LEE, NJ 07024			Mailing Address 1 PARKER PLAZA FORT LEE, NJ 07024		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FCI Number 13-1962643	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent EASTON, STANLEY 1555 LANDS END ROAD MANALAPAN, FL 33460			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>					
9. Capital Contributions as Shown on record. \$50,000.00			10. Amount of Capital Contributions in FLORIDA to date. 0		
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 #	F99000001024		STREET ADDRESS		
NAME	STANLEY EASTON, INC.		CITY-ST-ZIP		
STREET ADDRESS	1 PARKER PLAZA				
CITY-ST-ZIP	FORT LEE, NJ 07024				
DOCUMENT #			STREET ADDRESS	UN00000331202	
NAME	HAHN, STEVEN W		CITY-ST-ZIP	04/26/05-80006-024 141.25	
STREET ADDRESS	1 PARKER PLAZA				
CITY-ST-ZIP	FORT LEE, NJ 07024				
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STREET ADDRESS					
CITY-ST-ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Steven W. Hahn</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Steven HAHN Date: 4/11/05		201 585 5030 Daytime Phone #

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