


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A95000000182**

1. Entity Name  
 1244 PENN ASSOCIATES, LTD.



Principal Place of Business      Mailing Address  
 1632 PENNSYLVANIA AVE.      1632 PENNSYLVANIA AVE.  
 MIAMI BEACH, FL 33139      MIAMI BEACH, FL 33139



**DO NOT WRITE IN THIS SPACE**

04132005 No Chg-LP      CR2E003 (11/03)

4. FEI Number      Applied For  
 65-0579076      Not Applicable

6. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBINS, CRAIG  
 1632 PENNSYLVANIA AVE.  
 MIAMI BEACH, FL 33139

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and fee if applicable.

**FILE NOW!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

11000010554758  
 05/16/06-80007-008 500.00

**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 #	P95000009379
NAME	1244 PENN ASSOCIATES, INC.
STREET ADDRESS	1632 PENNSYLVANIA AVE.
CITY-ST-ZIP	MIAMI BEACH, FL 33139
DOCUMENT #	
NAME	
STREET ADDRESS	
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DOCUMENT #	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: MEL Schlosser GP      DATE: 4/18/06      OFFICE FILE # 305531315

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      DATE      OFFICE FILE #