


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 12, 2008**

**DOCUMENT # A99000002041**

1. Entity Name  
 PYRAMID C. LIMITED PARTNERSHIP



FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

08 JUL 16 PM 3:21

Principal Place of Business  
 6415 JACKIE LYNN CT.  
 SARASOTA, FL 34241

Mailing Address  
 2123 ~~GRANDEUR DRIVE~~ **GRANDEUR Drive**  
 GIBSONIA, PA 15044



07072008- No Chg-LP CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0965271	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

LEE, H. GREG  
 2014 FOURTH ST.  
 SARASOTA, FL 34237

**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 title if applicable.

**FILE NOW!!! FEE IS \$500.00**  
**Due by September 12, 2008**

In accordance with s. 607, 193(2)(b), F.S., the limited partnership did not receive the prior notice.

**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.**

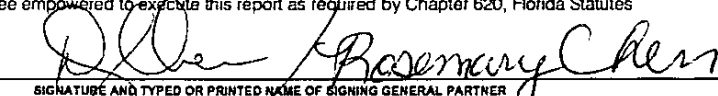
12. GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	CHEN, DOUGLAS A 2123 GRANDEUR DRIVE GIBSONIA, PA 15044
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	CHEN, ROSEMARY 1000 N. MARION OAK PARK, IL 60302
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
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 07/16/08-80005-016 500.00

**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:**  **7/12/08** **724-448-0139**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #