


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY 2006 PM 1:32
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # B05000000049

1. Entity Name
 EASTERN PENNSYLVANIA MORTGAGE SERVICES, L.P.



Principal Place of Business: C/O CHASE VENTURES HOLDINGS, INC.
 194 WOOD AVE
 SOUTH ISELIN, NJ 08830

Mailing Address: C/O CHASE VENTURES HOLDINGS, INC.
 194 WOOD AVE
 SOUTH ISELIN, NJ 08830

2. Principal Place of Business: 2003 South Easton Rd. Jc.
 Suite, Apt. #, etc.: Bldg 107
 City & State: Doylestown, PA

3. Mailing Address: Suite, Apt. #, etc.:
 City & State:
 Zip: 18901 Country:

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:

01172006 Chg-LP CR2E003 (11/05)

4. FEI Number: 2012558625 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

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
After May 1, 2006, 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 #	F04000001138	STREET ADDRESS	
NAME	CHASE VENTURES HOLDINGS, INC.	CITY-ST-ZIP	
STREET ADDRESS	194 WOOD AVE		
CITY-ST-ZIP	SOUTH ISELIN, NJ 08830		
DOCUMENT #		STREET ADDRESS	100074667731
NAME		CITY-ST-ZIP	05/16/06 01026 004 **500.00
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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: [Signature] Date: 3/28/06 732-452-8349
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #

STAPLE CHECK HERE