


**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.

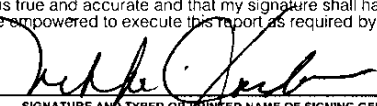
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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
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			
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:  DATE: 3/28/06 DAYTIME PHONE: 732-452-8349

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone

STAPLE CHECK HERE