

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 6, 2006**

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

**DOCUMENT # A00000001285**

1. Entity Name  
**PEGGIRIS, LTD.**



Principal Place of Business  
**2200 CENTRE PARK WEST DRIVE, #100  
WEST PALM BEACH, FL 33409**

Mailing Address  
**2200 CENTRE PARK WEST DRIVE, #100  
WEST PALM BEACH, FL 33409**



05052006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1010189</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

**HEDRICK, DALE  
2200 CENTRE PARK WEST DRIVE, #100  
WEST PALM BEACH, FL 33409**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$500.00  
Due by September 6, 2006**

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 #	<b>P00000048683</b>
NAME	<b>CORNERSTONE GENERAL PARTNER, INC.</b>
STREET ADDRESS	<b>2200 CENTRE PARK WEST DRIVE, #100</b>
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33409</b>

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CITY-ST-ZIP	

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**U00000554228**  
**05/15/06-80075-025 500.00**

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**05/01/06**  
Date

**561)689-8880**  
Daytime Phone #

STAPLE CHECK HERE