

FILED

2005 LIMITED PARTNERSHIP ANNUAL REPORT -6 PM 12:02
Due By May 1, 2005

DOCUMENT # A03000001125				SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name PEGA INVESTMENTS, LTD.					
Principal Place of Business 13611 DEERING BAY DRIVE, #401 CORAL GABLES, FL 33158			Mailing Address 13611 DEERING BAY DRIVE, #401 CORAL GABLES, FL 33158		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FET Number NOT APPLICABLE	
Zip	Country	Zip	Country	5. Certificate of Status Desired LJ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KAYWIN, PAUL R 13611 DEERING BAY DRIVE, #401 CORAL GABLES, FL 33158			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 date if applicable.					
9. Capital Contributions as Shown on record, \$495,000.00		10. Amount of Capital Contributions in FLORIDA to date, \$2,074,685.78			
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 #	L03000028993		STREET ADDRESS		
NAME	PEGA MANAGEMENT, LLC		CITY-ST-ZIP		
STREET ADDRESS	13611 DEERING BAY DRIVE, #401		STREET ADDRESS	100054018631	
CITY-ST-ZIP	CORAL GABLES, FL 33158		CITY-ST-ZIP	05/06/05--01074--015 **526.25	
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CITY-ST-ZIP			CITY-ST-ZIP		
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 partner or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.					
SIGNATURE: <i>Paul R. Kaywin</i>			Date <i>4/26/05</i> 305-969-6040		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date		

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