

# **2012 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A03000001319

**FILED**  
**Feb 29, 2012**  
**Secretary of State**

**Entity Name:** PJM LIMITED PARTNERSHIP, LLLP

**Current Principal Place of Business:**

699 5TH AVE. SOUTH  
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

699 5TH AVE. SOUTH  
NAPLES, FL 34102

**New Mailing Address:**

**FEI Number:** 20-0215558

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCCABE, PHILLIP J  
699 5TH AVE. SOUTH  
NAPLES, FL 34102 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: P03000099229  
Name: MCCABE'S, INC.  
Address: 699 5TH AVE. SOUTH  
City-St-Zip: NAPLES, FL 34102

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** PHILIP J. MCCABE

PRES

02/29/2012

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date