

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

141.25

DOCUMENT # A04000000281

1. Entity Name
THREE PEARLS, LTD.



FILED

05 MAY -5 PM 3:24

14/1/05
TALLAHASSEE, FLORIDA

Principal Place of Business
**515 NORTH FLAGLER DRIVE, SUITE 1800
C/O BRIAN M. O'CONNELL
WEST PALM BEACH, FL 33401**

Mailing Address
**515 NORTH FLAGLER DRIVE, SUITE 1800
C/O BRIAN M. O'CONNELL
WEST PALM BEACH, FL 33401**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

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

03132005 Chg-LP CR2E003 (10/03)



4. FEI Number ☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**O'CONNELL, BRIAN M
515 NORTH FLAGLER DRIVE, SUITE 1800
WEST PALM BEACH, FL 33401**

7. Name and Address of New Registered Agent
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 title if applicable.

9. Capital Contributions as Shown on record. **\$100.00**

10. Amount of Capital Contributions in FLORIDA to date.

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 # **P04000026099**
NAME **TARA EDEN PEARL, INC.**
STREET ADDRESS **515 NORTH FLAGLER DRIVE, SUITE 1800**
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

13. ADDRESS CHANGES ONLY
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
**500054529045
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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 receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: _____ **7/13/05** **581-832-0228**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE