

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Mar 29, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A04000000590**

1. Entity Name

**PARTNERS HOME LOANS, LIMITED PARTNERSHIP**



Principal Place of Business

**2810 EAST OAKLAND PARK BLVD., STE. 200  
FT. LAUDERDALE, FL 33306**

Mailing Address

**194 WOOD AVENUE, SOUTH  
ISELIN, NJ 08830**



01172006 No Chg-LP

CR2ED03 (11/05)

4. FEI Number

**20-1082070**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**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**  
**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**

DOCUMENT # **F04000001138**  
NAME **CHASE VENTURES HOLDINGS, INC.**  
STREET ADDRESS **194 WOOD AVENUE SOUTH**  
CITY-ST-ZIP **ISELIN, NJ 08830**

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000000483331  
04/11/06-80118-003 500.00

**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

**3/28/06**  
Date

**732-452-8349**  
Daytime Phone #

STAPLE CHECK HERE