

# **2006 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A04000001823

Entity Name: P.O.M. OF CENTRAL FLORIDA, LLLP

**FILED**  
**Jan 10, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

1575 ABER ROAD  
ORLANDO, FL 32807

**New Principal Place of Business:**

**Current Mailing Address:**

1575 ABER ROAD  
ORLANDO, FL 32807

**New Mailing Address:**

FEI Number: 20-1903047

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PECE, CAROLE J  
1575 ABER ROAD  
ORLANDO, FL 32807 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 #:

Name: PECE TRUSTEE, CAROLE J

Address: 1575 ABER ROAD

City-St-Zip: ORLANDO, FL 32807

Document #:

Name: PECE, GUSTIVE

Address: 1575 ABER ROAD

City-St-Zip: ORLANDO, FL 32807

**ADDRESS CHANGES ONLY:**

Address:

City-St-Zip:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: CAROLE J PECE

G

01/10/2006

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

\_\_\_\_\_  
Date