

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 MAR -3 AM 11:03

DOCUMENT # A05000000050 1. Entity Name THE PEM FAMILY LIMITED PARTNERSHIP I					
Principal Place of Business 1600 W. COMMERCIAL BLVD. FT. LAUDERDALE, FL 33309			Mailing Address 1600 W. COMMERCIAL BLVD. FT. LAUDERDALE, FL 33309		
2. Principal Place of Business <i>3000 W. Cypress Creek Rd.</i>		3. Mailing Address <i>Same as box 2</i>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		02022006 Chg-LP CR2E003 (11/05)	
City & State <i>Fort Lauderdale FL</i>		City & State 		4. FEI Number <i>20-211173</i>	
Zip <i>33309</i>		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORGAMAN, PHILIP E 1600 W. COMMERCIAL BLVD. FT. LAUDERDALE, FL 33309				7. Name and Address of New Registered Agent Name <i>Morgan, Ph. I. E.</i> Street Address (P.O. Box Number is Not Acceptable) <i>3000 W. Cypress Creek Rd</i> City <i>Fort Lauderdale</i> FL Zip Code <i>33309</i>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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			13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
L04000093302 PEM LLC 1600 W. COMMERCIAL BLVD. FT. LAUDERDALE, FL 33309			<i>3000 W. Cypress Creek Rd.</i> <i>Fort Lauderdale, FL 33309</i>		
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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: _____ DATE: <i>2/9/06</i> DAYTIME PHONE #: <i>9544926515</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE