

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 25, 2007 08:00 AM
Secretary of State

DOCUMENT # A05000000050		
1. Entity Name THE PEM FAMILY LIMITED PARTNERSHIP I		

Principal Place of Business 3000 W CYPRESS CREEK RD FT. LAUDERDALE, FL 33309	Mailing Address 3000 W CYPRESS CREEK RD FT. LAUDERDALE, FL 33309
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02162007 Chg-LP CR2E003 (12/06)

4. FEI Number 20-2111173	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MORGAMAN, PHILIP E 3000 W CYPRESS CREEK RD FT. LAUDERDALE, FL 33309
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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.

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

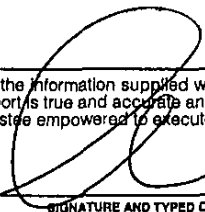
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L04000093302	STREET ADDRESS	
NAME	PEM LLC	CITY-ST-ZIP	05/08/07-80093-008 500.00
STREET ADDRESS	3000 W CYPRESS CREEK RD		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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:



Philip E. Morgaman

20MAR07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #