


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
May 06, 2008 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		
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		
6. Name and Address of Current Registered Agent MORGAMAN, PHILIP E 3000 W CYPRESS CREEK RD FT. LAUDERDALE, FL 33309				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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, 2008, 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	L04000093302 PEM LLC 3000 W CYPRESS CREEK RD FT. LAUDERDALE, FL 33309		STREET ADDRESS CITY - ST - ZIP		
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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/30/08
Date

954-493-6565
Daytime Phone #