

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # A05000001003

1. Entity Name
STATESIDE PEARL 524, LLLP



Principal Place of Business

**75 N.E. 6TH AVENUE, SUITE 103
DELRAY BEACH, FL 33483**

Mailing Address

**75 N.E. 6TH AVENUE, SUITE 103
DELRAY BEACH, FL 33483**



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04122006

Chg-LP

CR2E003 (11/05)

4. FEI Number
20-2889463

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WEINSTEIN, NORMAN S
75 N.E. 6TH AVENUE, SUITE 103
DELRAY BEACH, FL 33483**

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

Signature, typed or printed name of registered agent and file 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 # **L02000028120**
NAME **STATESIDE CAPITAL, LLC**
STREET ADDRESS **75 N.E. 6TH AVENUE, SUITE 103**
CITY-ST-ZIP **DELRAY BEACH, FL 33483**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

000000522536
05/03/06-80033-010 500.00

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:

Norman S. Weinstein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Norman S. Weinstein, Partner 4/13/06 561-278-

Date

Daytime Phone #

STAPLE CHECK HERE