

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 APR 18 PM 3:00

DOCUMENT # A30682

1. Entity Name
PAULY INVESTMENTS LIMITED PARTNERSHIP



Principal Place of Business
3801 PGA BLVD.
SUITE 604
PALM BEACH GARDENS, FL 33410

Mailing Address
3801 PGA BLVD.
SUITE 604
PALM BEACH GARDENS, FL 33410

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

04012005 Chg-LP CR2E003 (10/03)

4. FEI Number
65-0259119

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SINGER, MICHAEL S
3801 PGA BLVD.
SUITE 604
PALM BEACH GARDENS, FL 33410

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 title if applicable.

DATE

9. Capital Contributions
as Shown on record. \$205,920.00

10. Amount of Capital Contributions
in FLORIDA to date. 205,920.00

52625

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 # P0000081093
NAME PAULY ENTITIES INC.
STREET ADDRESS 3801 PGA BLVD, STE 604
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

STAPLE CHECK HERE

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05/11/05--01053--026 **1578.75

4-7-05