


**2008 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2008**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 APR 11 PM 1:58

**DOCUMENT # A32710**

1. Entity Name  
P.B.G.S., LTD.



Principal Place of Business  
1551 FORUM PLACE, SUITE 100  
WEST PALM BEACH, FL 33401

Mailing Address  
1551 FORUM PLACE, SUITE 100  
WEST PALM BEACH, FL 33401



2. Principal Place of Business - No P.O. Box #  
4650 Donald Ross Rd  
Suite, Apt. #, etc.  
Suite 200  
City & State  
Palm Beach Gardens, FL

3. Mailing Address  
4650 Donald Ross Rd  
Suite, Apt. #, etc.  
Suite 200  
City & State  
Palm Beach Gardens, FL

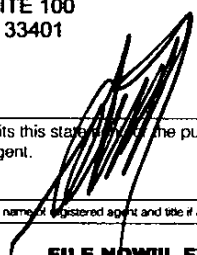
02282008 Chg-LP CR2E003 (12/06)

4. FEI Number  
65-0319859

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
BROCK, ANDREW  
1551 FORUM PLACE, SUITE 100  
WEST PALM BEACH, FL 33401



7. Name and Address of New Registered Agent  
Name  
Brock, Andrew  
Street Address (P.O. Box Number is Not Acceptable)  
4650 Donald Ross Rd  
Suite 200  
City  
Palm Beach Gardens FL Zip Code  
33418

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, 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

DOCUMENT # L99512  
NAME PBGS, INC.  
STREET ADDRESS 1551 FORUM PLACE, #100  
CITY-ST-ZIP WEST PALM BEACH, FL

13. ADDRESS CHANGES ONLY

STREET ADDRESS 4650 Donald Ross Rd. Suite 200  
CITY-ST-ZIP Palm Beach Gardens, FL 33418

DOCUMENT #  
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CITY-ST-ZIP

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STREET ADDRESS 600122558776  
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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 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