


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 06 APR 24 AM 10:25

<b>DOCUMENT #A32797</b>	
1. Entity Name PEMS PARTNERSHIP, LTD.	

Principal Place of Business 399 W. PALMETTO PARK RD. #106 BOCA RATON, FL 33432	Mailing Address 399 W. PALMETTO PARK RD. #106 BOCA RATON, FL 33432
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2. Principal Place of Business 399 West Palmetto Park Rd. Suite, Apt. #, etc. Suite 100 City & State Boca Raton FL Zip 33432 Country USA	3. Mailing Address 399 West Palmetto Park Rd. Suite, Apt. #, etc. Suite 100 City & State Boca Raton FL Zip 33432 Country USA
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04122006	Chg-LP	CR2E003 (11/05)
4. FEI Number 65-0325119	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent  KENNEDY, BEN S JR 399 W. PALMETTO PARK RD. #106 BOCA RATON, FL 33432	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	SHEETZ, G. ROBERT 1628 ROYAL PALM WAY BOCA RATON, FL 33432	STREET ADDRESS	000074080730 05/05/06 01048 021 **500.00
NAME		CITY-ST-ZIP	
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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

<b>SIGNATURE:</b> _____	4/14/06 361 750 8835
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<small>Date Daytime Phone #</small>