

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**

2007 MAR 19 AM 9:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03162007 Chg-LP CR2E003 (12/06)

4. FEI Number 65-0325119 Applied For  
Not Applicable

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

**DOCUMENT # A32797**  
1. Entity Name  
PEMS PARTNERSHIP, LTD.



Principal Place of Business Mailing Address  
399 W. PALMETTO PARK RD. #106 399 W. PALMETTO PARK RD. #106  
SUITE 100 SUITE 100  
BOCA RATON, FL 33432 BOCA RATON, FL 33432

2. Principal Place of Business / No P.O. Box # 3. Mailing Address  
399 W. Palmetto Park Rd. 399 W. Palmetto Park Rd.  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
Suite 200 Suite 200  
City & State City & State  
Boca Raton, FL Boca Raton, FL  
Zip Country Zip Country  
33432 USA 33432 U.S.A.

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 SAME  
Street Address (P.O. Box Number is Not Acceptable)  
New Suite #200  
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]* DATE 3/16/07

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, 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 #	NAME	STREET ADDRESS	CITY-ST-ZIP
	SHEETZ, G. ROBERT	1628 ROYAL PALM WAY	BOCA RATON, FL 33432
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
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DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS	1628 Royal Palm Way
CITY-ST-ZIP	Boca Raton FL 33432
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	200095160122
CITY-ST-ZIP	03/28/07--01033--009 **500.00
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 *[Signature]* DATE 3-16-07 561-750-8335  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE