


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Jan 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A33363</b> 1. Entity Name PEMBROKE BUILDING ASSOCIATES, LTD.					
Principal Place of Business 3740 BEACH BOULEVARD, SUITE 300 JACKSONVILLE, FL 32207			Mailing Address 3740 BEACH BOULEVARD, SUITE 300 JACKSONVILLE, FL 32207		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-3139855</b>	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> Chg-LP		CR2E003 (10/03)	
6. Name and Address of Current Registered Agent  DEMETREE, J. C., JR. 3740 BEACH BOULEVARD, SUITE 300 JACKSONVILLE, FL 32207				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				Applied For <input type="checkbox"/> Not Applicable	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and file if applicable</small>				DATE _____	
9. Capital Contributions as Shown on record. <b>\$1,000,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	V60195		STREET ADDRESS		
NAME	PEMBROKE BUILDING ASSOCIATES, INC.		CITY-ST-ZIP		
STREET ADDRESS	3740 BEACH BLVD., #300				
CITY-ST-ZIP	JACKSONVILLE, FL				
DOCUMENT #	P40240		STREET ADDRESS		
NAME	OLNAP, INC.		CITY-ST-ZIP		
STREET ADDRESS	4425 CORPORATION LN, #400				
CITY-ST-ZIP	VIRGINIA BEACH, VA				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					

STAPLE CHECK HERE

000000187464  
 01/24/05-80014-001 535.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** J. C. Demetree, Jr. J. C. Demetree, Jr., President 01-14-05 (904) 398-7350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
 Date Daytime Phone #

Pembroke Building Associates, Inc., General Partner