2006 LIMITED PARTNERSHIP ANNUAL REPORT

City-ST-ZIP

SIGNATURE: _

FILED Jan 30, 2006 08:00 AM

Due By May 1, 2006			Sanutary of State	
DOCUMENT # A9400001461 1. Entity Name PEMBROOK ASSOCIATES, LTD			Secretary of State	
Principal Place of Business 650 S. NORTHLAKE BLVD., STE 450 650 S. NORTHLAKE BLVD., STE 450 ALTAMONTE SPRINGS, FL 32701 ALTAMONTE SPRINGS, FL 32701				
DO NOT WRITE IN THIS SPACE		4. FEI Number 59-3283652	CR2E003 (11/05) Applied For Not Applicable	
6. Name and Address of G	arrent Registered Agent		5. Certificate of Status Desired	\$8.75 Additional Fee Required
LECCESE, SALVADOR F 650 S. NORTHLAKE BLVD., STE 450 ALTAMONTE SPRINGS, FL 32701			DO NOT WRITE IN THIS SPACE	
8. The above named entity submits this statement for the purpose of changing its registered office or regist the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and the physicable.			ered agent, or both, in the State of Florida. I am familiar with, and accept 1-2-5-0 DATE	
After May A GENERAL PARTY	NOW!!! FEE IS \$500.00 1, 1, 2006, Fee will be \$900.00 IER THAT IS A BUSINESS ENTITY NO MAY NOT be changed on the for	AUST BE REGIS'	TERED AND ACTIVE WITH THIS	S OFFICE.
	RTNER INFORMATION ., STE 450			06382 U114-008 508.75
OCCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS			DO NOT WR IN THIS SPA	
CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT #				
NAME SIDEFLADORESS				

14. I hereby certily that the information supplied with this filling 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 path, 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 AND TYPED OR PRINTED NAME OF SIDNING GENERAL PARTHER

1-25-06