

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -1 AM 8:45

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # A94000001835

1. Entity Name
PAVILION OFFICE CENTER, LTD.



Principal Place of Business
**5380 NORTH OCEAN DRIVE, UNIT 4-D
 RIVIERA BEACH, FL 33404-2538**

Mailing Address
**712 U.S. HWY ONE
 SUITE 301-33
 NORTH PALM BEACH, FL 33408**

2. Principal Place of Business
712 U.S. Hwy One

3. Mailing Address

Suite, Apt. #, etc.
Suite 301-33

Suite, Apt. #, etc.

City & State
North Palm Beach, FL

City & State

Zip
33408

Country
USA

Zip

Country

04212006 Chg-LP CR2E003 (11/05)

4. FEI Number
65-0541916

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**PETERSON, ROSLYN E
 5380 N. OCEAN DR., UNIT 4-D
 RIVIERA BEACH, FL 33404-2538**

7. Name and Address of New Registered Agent

Name **GY Corporate Services, Inc.**

Street Address (P.O. Box Number is Not Acceptable)

777 S. Flagler Dr., Suite 500E

City **West Palm Beach** **FL** Zip Code **33401**

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, typed or printed name of registered agent and title if applicable.

DATE

**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 # **P94000087254**
 NAME **PAVILION OFFICE CENTER, INC.**
 STREET ADDRESS **5380 N. OCEAN DR., UNIT 4-D, APT. 4-D**
 CITY-ST-ZIP **RIVIERA BEACH, FL 33404**

STREET ADDRESS **712 U.S. Hwy One, Suite 301-33**
 CITY-ST-ZIP **North Palm Beach, FL 33408**

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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 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE