

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

7. Name and Address of New Registered Agent

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

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.

4-24-06

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	STREET ADDRESS	712 U.S. Hwy One, Suite 301-33
NAME	PAVILION OFFICE CENTER, INC.	CITY - ST - ZIP	North Palm Beach, FL 33408
STREET ADDRESS	5380 N. OCEAN DR., UNIT 4-D, APT. 4-D		
CITY - ST - ZIP	RIVIERA BEACH, FL 33404		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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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: *Sharon R. Gليس* SHARON GILLESPIE **Date:** *4/26/06* **Daytime Phone #:** *N/A*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER