

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A94000001835

1. Entity Name
PAVILION OFFICE CENTER, LTD.



FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 14 AM 11:45

Principal Place of Business
712 U.S. HWY ONE, SUITE 301-33
NORTH PALM BEACH, FL 33408

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

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

City & State
 Zip Country

04072008 Chg-LP CR2E003 (12/06)

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

GY CORPORATE SERVICES, INC
777 SOUTH FLAGLER DRIVE
SUITE 500 EAST
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name
Sharon R. Gillespie

Street Address
712 U.S. Highway One, Suite 301-33

City
North Palm Beach, FL, 33408

ip 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 *Sharon R. Gillespie*

4/8/08

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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 # **P94000087254**
 NAME **PAVILION OFFICE CENTER, INC.**
 STREET ADDRESS **712 U.S. HWY ONE, SUITE 301-33**
 CITY-ST-ZIP **NORTH PALM BEACH, FL 33408**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS
 CITY-ST-ZIP
300123069963
04/11/08--01047--014 **500.00

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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. Gillespie*

4/8/08 561-848-1128