

# **2011 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A94000001835

**FILED**  
**Apr 15, 2011**  
**Secretary of State**

**Entity Name:** PAVILION OFFICE CENTER, LTD.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 65-0541916

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GILLESPIE, SHARON R  
712 U.S. HWY ONE,  
SUITE 301-33  
NORTH PALM BEACH, FL 33408 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: P94000087254  
Name: PAVILION OFFICE CENTER, INC.  
Address: 712 U.S. HWY ONE, SUITE 301-33  
City-St-Zip: NORTH PALM BEACH, FL 33408

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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 GILLESPIE

\_\_\_\_\_  
Electronic Signature of Signing General Partner

04/15/2011

\_\_\_\_\_  
Date