

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A95000001610**

1. Entity Name  
**PBM ASSOCIATES LTD.**



Principal Place of Business  
**580 VILLAGE BLVD. STE. 300**  
**WEST PALM BEACH, FL 33409-1953**

Mailing Address  
**580 VILLAGE BLVD. STE. 300**  
**WEST PALM BEACH, FL 33409-1953**



2. Principal Place of Business  
 Suite, Apt. #, etc

3. Mailing Address  
 Suite, Apt. #, etc

02262004 Chg-LP CR2E003 (10/03)

City & State  
 Zip Country

4. FEI Number  
**65-0615072**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**DENHOLTZ, STEWART**  
**580 VILLAGE BLVD. STE. 300**  
**WEST PALM BEACH, FL 33409-1953**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record **\$1,610,000.00**

10. Amount of Capital Contributions in FLORIDA to date

**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 # **P98000011546**  
 NAME **PB GP, INC.**  
 STREET ADDRESS **580 VILLAGE BLVD. STE. 300**  
 CITY ST ZIP **WEST PALM BEACH, FL 334091953**

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**13. ADDRESS CHANGES ONLY**

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

**3/1/04 761-272-0100**  
 Date Daytime Phone #

STAPLE CHECK HERE