2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

FILED
May 06, 2006 08:00 AM
Secretary of State

DOCL	M	1FN7	~# <i> </i>	1950	10	000	161	0

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



DO NOT WRITE IN THIS SPACE 4. FEL Numb

04242008 Na Chg-LP

CR2E003 (11/05)

4. FEI Number 65-0615072 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Regulred

6. Name and Address of Current Registered Agent

580 VILLA	Z, STEWART GE BLVD. STE. 300 LM BEACH, FL 33409-1953	DO NOT WRITE IN THIS SPACE			
	named entity submits this statement for the purpose of changing its regions of registered agent.	gistered office or registered agent, or both, in the State of Florida. I am familiar with, and accep			
SIGNATURE	Signature, typed or printed name of registered egent and title if applicable	OATE			
<u>. </u>	FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.0	U00000541746			
		TY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. form; an amendment must be filed to change a general partner.			
OOCUMENT (NAME SIGNES ADDRESS CITY-ST-ZIP	GENERAL PARTNER INFORMATION P98000011546 PB GP, INC. 580 VILLAGE BLVD. STE. 300 WEST PALM BEACH, FL 334091953				
DISCUMENT A NAME STREET ADDRESS CATY-ST-ZIP					
DOCUMENT / NAME STREET ADDRESS LITY-ST-ZIP		DO NOT WRITE IN THIS SPACE			
DUCUMENT & NAME STREET ADDRESS					

14. It 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:

DOCUMENT / NAME SHREH ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPEO OR PRINTED HAME OF SIGN

5. DENHULL

3/15/06

181.242.0120

Caytene Phone #