

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # A95000001610 1. Entity Name PBM ASSOCIATES LTD.	
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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
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DO NOT WRITE IN THIS SPACE

02152008 No Chg-LP CR2E003 (12/06)

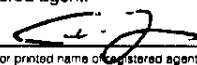
4. FEI Number 65-0615072	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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 4/8/08

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

U00000898060
04/25/08-80072-021 500.00

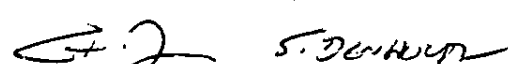
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

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

DO NOT WRITE IN THIS SPACE

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:  DATE 4/8/08 DAYTIME PHONE # 561 242 0100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE