

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**

**06 MAY -1 AM 8:45**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

**DOCUMENT # A95000001991**

1. Entity Name  
**PETERSON EQUITIES, LTD.**



Principal Place of Business  
**712 US HWY ONE  
SUITE 301-33  
NORTH PALM BEACH, FL 33408**

Mailing Address  
**712 US HWY ONE  
SUITE 301-33  
NORTH PALM BEACH, FL 33408**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04212006

Chg-LP

CR2E003 (11/05)

4. FEI Number

**65-0629404**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

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

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

**PETERSON, ROSLYN E  
5380 NORTH OCEAN DRIVE, APT 4-D  
RIVIERA BEACH, FL 33404-2538**

Name **GY Corporate Services, Inc.**

Street Address (P.O. Box Number is Not Acceptable)

**777 S. Flagler Dr., Suite 500E**

City **West Palm Beach**

**FL**

Zip Code  
**33401**

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

*Michael V. Thiering v.p.*

**4-24-06**

DATE

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2006, 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**

**13. ADDRESS CHANGES ONLY**

DOCUMENT # **P94000087254**  
NAME **PAVILION OFFICE CENTER, INC.**  
STREET ADDRESS **5380 N. OCEAN DR., APT 4D**  
CITY-ST-ZIP **RIVIERA BEACH, FL 334042538**

STREET ADDRESS **712 U.S. Hwy One, Suite 301-33**  
CITY-ST-ZIP **North Palm Beach, FL 33408**

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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 Billespie* **Sharon Billespie** **4/26/06** **USA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE