


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 14 AM 11:45

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4072008 Chg-LP CR2E003 (12/06)	
Zip		Country		4. FEI Number 65-0629404	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GY CORPORATE SERVICES INC 777 SOUTH FLAGLER DRIVE SUITE 500 EAST WEST PALM BEACH, FL 01				7. Name and Address of New Registered Agent Name Sharon R. Gillespie Street Address 712 U.S. Highway One, Suite 301-33 City North Palm Beach, FL, 33408	
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 <i>Sharon R. Gillespie</i> 4/8/08 <small>Signature, typed or printed name of registered agent and title if applicable</small> DATE					
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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 # NAME STREET ADDRESS CITY-ST-ZIP	P94000087254 PAVILION OFFICE CENTER, INC. 712 U.S. HWY ONE, SUITE 301-33 NORTH PALM BEACH, FL 33408		STREET ADDRESS CITY-ST-ZIP	300123070363 04/11/08--01047--021 **500.00	
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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 R. Gillespie* 4/8/08 561-848-1128