


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 08, 2005 8:00 A.M.
Secretary of State

DOCUMENT # A96000000920	
1. Entity Name IRVING PEARL & SON, LTD.	

Principal Place of Business 811 LUCERNE AVE LAKE WORTH, FL 33460	Mailing Address 5683 HIGH FLYER ROAD SOUTH PALM BEACH GARDENS, FL 33418
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



02192005 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0666051	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PEARL, WILLIAM D 5683 HIGH FLYER ROAD SOUTH PALM BEACH GARDENS, FL 33418	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. \$1,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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	P95000042641 PEARL PROPERTIES, INC. 5683 HIGH FLYER ROAD SOUTH PALM BEACH GARDENS, FL 33418	STREET ADDRESS CITY-ST-ZIP	100054014911 05/06/05--01065--010 **150.00
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STAPLE CHECK HERE

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:  4/3/05 (561) 691-9912
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #