2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DOCUMENT # A97000002408

1. Entity Name PENGAR, LTD.



FILED Mar 26, 2007 08:00 AM Secretary of State

Principal Place of Business

215 S. OLIVE AVE., STE. 100 WEST PALM BEACH, FL 33401 Mailing Address

215 S. OLIVE AVE., STE. 100 WEST PALM BEACH, FL 33401



03192007 No Chg-LP

CR2E003 (12/06)

4. FEI Number		Applied For
65-0795432		Not Applicable
5. Certificate of Status Desired	\$8.75	Additional

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COHEN, FRED C ESQ. 712 U.S. HIGHWAY ONE, #400 NORTH PALM BEACH, FL 33408

DO NOT WRITE IN THIS SPACE

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, the obligations of registered agent.	in the State of Florida. I am familiar with, and accept
SIGNATURE ————————————————————————————————————	
Signature, typed or printed name of registered agent and title if applicable.	DATE

FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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.

	NOTE: Centeral Farthers MAT NOT be changed on the
12.	GENERAL PARTNER INFORMATION
DOCUMENT # NAME STREET ADDRESS CHY-ST-ZIP	P9700094930 PENGAR HOLDINGS, INC. 215 S. OLIVE AVE., STE. 100 WEST PALM BEACH, FL 33401
DOCUMENT # NAME STREET ADDRESS - CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-S1-ZIP	
DOCUMENT # NAME STREET ADDRESS	

U00000680405 04/03/07-80077-010 500.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING GENERAL PARTNER

ME RAYMIND & NOEDING

NC 3-19-07

561.252-1662

Daytme Phone i