
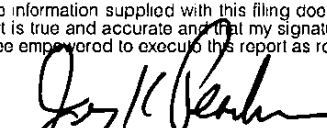


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

FILED
Feb 13, 2007 08:00 AM
Secretary of State

DOCUMENT # A98000000639			
1. Entity Name PEARLMAN FAMILY LIMITED PARTNERSHIP			
Principal Place of Business 225 BARTON AVENUE PALM BEACH FL 33480		Mailing Address 21 LINDEN AVENUE WILMETTE IL 60091	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 36-4235594		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LYNCH, FRANCIS X. J MOYLE, FLANNIGAN, KATZ, RAYMOND & SHEEHAN 625 NO. FLAGLER DRIVE WEST PALM BEACH FL 33401		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE _____	
FILE NOW!!! Fee is \$500. *** After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.			
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	
NAME	PEARLMAN, JERRY K	CITY - ST - ZIP	
STREET ADDRESS	225 BARTON AVENUE		
CITY - ST - ZIP	PALM BEACH FL 33480		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	PEARLMAN, BARBARA K		
STREET ADDRESS	225 BARTON AVENUE		
CITY - ST - ZIP	PALM BEACH FL 33480		
DOCUMENT #	NAME	STREET ADDRESS	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
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STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME			
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:  JERRY K PEARLMAN		Date Feb 6, 2007 847-899-7379	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Daytime Phone #	



1st MOORE CR2E003 (10/06)

STAPLE CHECK HERE