

# **2012 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A98000000881

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Entity Name:** PB INSTITUTE PARTNERS LIMITED PARTNERSHIP

**Current Principal Place of Business:**

1017 N OLIVE AVE  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

1017 N OLIVE AVE  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

**FEI Number:** 65-0826702

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ASGARD GROUP INC.  
1675 PALM BEACH LAKES BLVD.  
SUITE 700  
WEST PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: P98000030860  
Name: PALM BEACH INSTITUTE, INC.  
Address: 431 SEABREEZE AVENUE  
City-St-Zip: PALM BEACH, FL 33480

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: BRADFORD S LOVETTE

CEO

04/25/2012

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date