


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

339.50
88.78
FILED 8.75

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

DOCUMENT # A98000001390 1. Entity Name TRIPLE J OF THE PALM BEACHES, LTD.	
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Principal Place of Business 2724 N AUSTRALIAN AVE WEST PALM BEACH, FL 33407	Mailing Address 5683 HIGH FLYER RD. S. PALM BEACH GARDENS, FL 33418
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



02242005 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0839704	Applied For 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 RD. 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

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 _____
Signature, typed or printed name of registered agent and title if applicable. DATE _____

9. Capital Contributions as Shown on record. \$48,500.00	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 #	P95000042641	STREET ADDRESS	
NAME	PEARL PROPERTIES, INC.	CITY-ST-ZIP	
STREET ADDRESS	5683 HIGH FLYER ROAD S.		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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05/11/05--01005--004 **437.00

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

STAPLE CHECK HERE.