2007 LIMITED PARTNERSHIP ANNUAL REPORT

FILED e

Due By May 1, 2007				Mar 28, 2007 08:00	
1. Entity Nam	MENT # A980000			Se	cretary of State
TRIFEL O	OF THE PAGIN BEACH				
Principal Place of Business Mailing Address 2724 N AUSTRALIAN AVE 5683 HIGH FLYER RD. S. WEST PALM BEACH, FL 33407 PALM BEACH GARDENS, FL 3			3418	3 1888 1	
DO NOT WRITE IN THIS SPA			CE	02012007 No Chg-LP 4. FEI Number 65-0839704 5. Certificate of Status Desired	CR2E003 (12/06) Applied For Not Applicable \$8.75 Additional Fee Required
PALM BEA	HFLYER RD. SOUTH ACH GARDENS, FL 33418	3		DO NOT W IN THIS SP	ACE
8. The above named entity submits this statement for the purpose of changing its registered office or register the obligations of registered agent. SIGNATURE Signalms, typed or printed name of registered agent and talls if applicable.				300000	rida. I am familiar with, and accept 381726 0056-009 500,00
	FILE After May	NOW!!! FEE IS \$500.00 1, 2007, Fee will be \$900.00	, BL		
		ER THAT IS A BUSINESS ENTITY MEMORY HER THAT IS A BUSINESS ENTITY MEMORY IN THE FORM			
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	P95000042641 PEARL PROPERTIES, INC. 5683 HIGH FLYER ROAD S. PALM BEACH GARDENS, F		-	DO NOT WE	
DOCUMENT # NAME STREET ADDRESS					

14. I hereby certify that the information supplied with this filling 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: .

STAPLE CHECK HERE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER