

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 02, 2008 08:00 A
Secretary of State

DOCUMENT # A98000001390

1. Entity Name
TRIPLE J OF THE PALM BEACHES, LTD.



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**



02012008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0839704	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

**PEARL, WILLIAM D
5683 HIGH FLYER RD. SOUTH
PALM BEACH GARDENS, FL 33418**

**DO NOT WRITE
IN THIS SPACE**

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 *William D Pearl*
Signature, typed or printed name of registered agent and title if applicable

3/31/08
DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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.

12. GENERAL PARTNER INFORMATION

DOCUMENT #	P95000042641
NAME	PEARL PROPERTIES, INC.
STREET ADDRESS	5683 HIGH FLYER ROAD S.
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
DOCUMENT #	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

U000000878647
04/14/08-80062-018 500.00

**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 SIGNING GENERAL PARTNER

Date

Daytime Phone #

03/31/08 601-691-9912

STAPLE CHECK HERE