


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By September 7, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JUL 18 AM 11:19

DOCUMENT # A98000001614 1. Entity Name PEARLSTEIN PARTNERSHIP, LTD.					
Principal Place of Business 2500 SOUTH OCEAN BLVD., BLDG. 1, APT. 2-A PALM BEACH, FL 33480			Mailing Address 2500 SOUTH OCEAN BLVD., BLDG. 1, APT. 2-A PALM BEACH, FL 33480		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		07142005 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number 65-0850496	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PEARLSTEIN, FLORA 2500 SOUTH OCEAN BLVD., BLDG. 1, APT. 2-A PALM BEACH, FL 33480			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$3,300,000.00		10. Amount of Capital Contributions in FLORIDA to date. 3,120,000		In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.	
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		
STREET ADDRESS	2500 SOUTH OCEAN BLVD., BLDG. 1, APT. 2-A		CITY-ST-ZIP		
CITY-ST-ZIP	PALM BEACH, FL 33480				
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	LEVINE, AUDREY P		CITY-ST-ZIP		
CITY-ST-ZIP	2500 SOUTH OCEAN BLVD., BLDG. 1, APT. 2-A				
CITY-ST-ZIP	PALM BEACH, FL 33480				
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STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP					
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: <i>Audrey Levine</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date: <i>7/14/05</i> <small>Daytime Phone #</small>		

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