

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

**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**



02232006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0850496**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**PEARLSTEIN, FLORA  
2500 SOUTH OCEAN BLVD., BLDG. 1, APT. 2-A  
PALM BEACH, FL 33480**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**000000448421**  
**03/09/06-80013-018 500.00**

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, 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 #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PEARLSTEIN, FLORA  
2500 SOUTH OCEAN BLVD., BLDG. 1, APT. 2-A  
PALM BEACH, FL 33480**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**LEVINE, AUDREY P  
2500 SOUTH OCEAN BLVD., BLDG. 1, APT. 2-A  
PALM BEACH, FL 33480**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

STAPLE CHECK HERE

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:** *Audrey P. Levine*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*2/23/06*  
Date

Daytime Phone #