

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # A98000001849

1. Entity Name
PEMBROKE GARDENS, LTD.



Principal Place of Business
5709 N.W. 158TH STREET
MIAMI LAKES, FL 33014

Mailing Address
5709 N.W. 158TH STREET
MIAMI LAKES, FL 33014



02252008 No Chg-LP

CR2E003 (12/06)

4. FEI Number

65-0859159

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SWEZY, LEWIS
5709 N.W. 158TH STREET
MIAMI LAKES, FL 33014

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

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 # **P98000062496**
NAME **PEMBROKE GARDENS, INC.**
STREET ADDRESS **5709 N.W. 158TH STREET**
CITY-ST-ZIP **MIAMI LAKES, FL 33014**

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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000862485
04/03/08-80051-018 508.75

DO NOT WRITE
IN THIS SPACE

W-99000001849

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 #

2/26/08 (305) 821-0330

STAPLE CHECK HERE