



2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # A98000002127					
1. Entity Name PEAL PARTNERS, LTD.					
Principal Place of Business 5240 NORTH BAY ROAD MIAMI BEACH, FL 33140		Mailing Address 20590 W. DIXIE HIGHWAY LEVI, CATLIN N. MIAMI BEACH, FL 33180			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04032005 Chg-LP CR2E003 (10/03)	
City & State		City & State		4. FEI Number 65-0869349	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEVI, ALLEN 20590 WEST DIXIE HIGHWAY N. MIAMI BEACH, FL 33180				7. Name and Address of New Registered Agent	
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City				FL Zip Code	
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. \$8,800,000.00		10. Amount of Capital Contributions in FLORIDA to date.			
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		
NAME	PEAL, BARRY		CITY-ST-ZIP		
STREET ADDRESS	10204 HELENA TERRACE				
CITY-ST-ZIP	SPOTSYLVANIA, VA 22553				
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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)(f), 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 its receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: Barry Peal			4-11-05 305.865.0404		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		