

2006 LIMITED PARTNERSHIP ANNUAL REPORT*** Due By May 1, 2006****FILED****Feb 27, 2006 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**

01102006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE4. FEI Number
65-0869349Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEVI, ALLEN
20590 WEST DIXIE HIGHWAY
N. MIAMI BEACH, FL 33180****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.

000000448082
03/08/06-80082-013 500.00
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**
**PEAL, BARRY
10204 HELENA TERRACE
SPOTSYLVANIA, VA 22553****DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP****DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP****DOCUMENT #
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CITY-ST-ZIP****DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP****DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP****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:

Barry S Peal **Barry S Peal** **22Feb06 3058650404**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE