


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A98000002747 1. Entity Name THE PROFESSIONAL CENTRE AT PEMBROKE LAKES, LLLP	
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 JAN 19 AM 9:39

Principal Place of Business 616 EAST ATLANTIC AVENUE DELRAY BEACH, FL 33483	Mailing Address 616 EAST ATLANTIC AVENUE DELRAY BEACH, FL 33483
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2. Principal Place of Business - No P.O. Box # 2515 S.R. 7 # 230 Suite, Apt. #, etc. # 230 City & State Wellington FL Zip 33414 Country USA	3. Mailing Address 2515 S.R. 7 Suite, Apt. #, etc. # 230 City & State Wellington FL Zip 33414 Country USA
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01132007 Chg-LP CR2E003 (12/06)

4. FEI Number 65-0862442	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KRALL, MARK L ESQ. 616 EAST ATLANTIC AVENUE DELRAY BEACH, FL 33483	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

000085839990
 01/23/07 01017-039 **500.00

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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	13. ADDRESS CHANGES ONLY
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP P98000073436 P.C. PEMBROKE, INC. 616 EAST ATLANTIC AVENUE DELRAY BEACH, FL 33483	STREET ADDRESS CITY-ST-ZIP 2515 S.R. 7, # 230 Wellington FL 33414

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: [Signature] P.C. Pembroke, Inc. 1/12/07 954 410 1838
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #