2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

SIGNATURE AND TYPED OR PRI

O NAME OF SIGNING GENERAL PARTNER

FILED **DOCUMENT # A99000001799** 2008 APR -9 PM 12: 41 PEARL KAY FAMILY LIMITED PARTNERSHIP SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address C70 GERO & COMPANY 300 S. PINE SLAND RD., #237 1700 NW 97 TERRACE PLANTATION, FL 33322 PLANFATION, FL 33924 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Gero & Company, P.A. Suite, Apt. #, etc. Chg-LP 1888 Andromeda Lane 03252008 CR2E003 (12/06) Weston, FL 33327-2220 City & State 4. FEI Number Applied For 65-0959705 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GER0 THOMAS A GERO, THOMAS A Street Address (P.O. Box Number is Not Acceptable) -300-S-POINE ISLAND ROAD **SUITE 237--**PLANFATION, FL 33324-263 WESTON 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: 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. P04000147479 DOCUMENT # STREET ADDRESS PKAY CORP. 900122042609 STREET ADDRESS 1700 NW 97 TERRACE CITY-ST-ZIP 04/03/08--01034--017 **S00,00 CITY-ST-ZIP PLANTATION, FL 33322 DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS City-St-ZIP CITY-ST-ZIP. DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 empty ered to execute that report as required by Chapter 620, Florida Statutes PKAY CORP SCOTT SIGNATURE:

Daytime Phone #