

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 FEB 14 AM 9:54

DOCUMENT # A99000002041	
1. Entity Name PYRAMID C. LIMITED PARTNERSHIP	



Principal Place of Business 6415 JACKIE LYNN CT. SARASOTA, FL 34241	Mailing Address 2123 Grandeur Drive Gibsonia, Pa 15044
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02012007 Chg-LP CR2E003 (12/06)

4. FEI Number 65-0965271		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		7. Name and Address of New Registered Agent	
LEE, H. GREG 2014 FOURTH ST. SARASOTA, FL 34237		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 2/7/07
 Signature, typed or printed name of registered agent and title if applicable. DATE

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	
NAME	CHEN, DOUGLAS A	CITY - ST - ZIP	
STREET ADDRESS	2123 GRANDEUR DRIVE		
CITY - ST - ZIP	GIBSONIA, PA 15044		
DOCUMENT #	NAME	STREET ADDRESS	400088824054 02/20/07--01037--001 **500.00
NAME	CHEN, ROSEMARY	CITY - ST - ZIP	
STREET ADDRESS	1000 N. MARION		
CITY - ST - ZIP	OAK PARK, IL 60302		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY - ST - ZIP	
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CITY - ST - ZIP			
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STREET ADDRESS			
CITY - ST - ZIP			

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: 2/7/07 724-449-0139
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE