## 2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR) **DUE BY MAY 1/2008**

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SIGNATURE:

## **FILED** Jan 28, 2008 08:00 AN Secretary of State DOCUMENT # B01000000285 1. Entity Name PEARL CAPITAL PARTNERS, L.P. Principal Place of Business Mailing Address 2577 NW 59TH STREET 2577 NW 59TH STREET **BOCA RATON FL 33496 BOCA RATON FL 33496** 2. Principal Place of Business - No P.O. Bex # 3. Mailing Address State, Apt. #, etc. Suite. Apt. #. etc. 1st MOORE CR2E003 (10/07) City & State City & State Applied For 25-1876329 Not Applicable $Z_{10}$ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VERNER, DANIEL Street Address (P.O. Box Number is Not Acceptable) 2577 NW 59TH ST **BOCA RATON FL 33496** 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 $\frac{1}{S$ greature, typed or printed method registered agent and x - $\theta$ appealable. DATE FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2008, fee will be \$900. \*\*\* Make check payable to Florida Department of State. 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 12. ADDRESS CHANGES ONLY 13. DOCUMENT ≠ F01000004443 STREET ADDRESS NAME PEARL CAPITAL INC STREET ADDRESS 2577 NW 59TH STREET CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33496** 000000802637 02/04/08-80007-011 500.00 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP OffY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP DOCHMENT # STREET ADDRESS NAME STREET ADDRESS CITY+ST-7IP CHY-ST-7P DOCUMENT # STREET ADDRESS MALIF STREET ALCIBUSE CHY-SI-ZIP CHY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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 tegal effect as if made under each; 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.

DANIEL VETENER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER