

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007

FILED
Jul 19, 2007 08:00 AM
Secretary of State

DOCUMENT # B04000000551					
1. Entity Name EAG-MESA VILLAS, A CALIFORNIA LIMITED PARTNERSHIP					
Principal Place of Business 1640 S. SEPULVEDA BLVD., #308 LAS ANGELES, CA 90025			Mailing Address 1640 S. SEPULVEDA BLVD., #308 LAS ANGELES, CA 90025		
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	
4. FEI Number 95-4202044				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				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 _____ DATE _____ Signature, typed or printed name of registered agent and file if applicable					
FILE NOW!!! FEE IS \$500.00 Due by September 14, 2007				In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.	
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 #	M04000005602		STREET ADDRESS		
NAME	PEMC LLC		CITY-ST-ZIP		
STREET ADDRESS	1640 S. SEPULVEDA BLVD., #308				
CITY-ST-ZIP	LAS ANGELES, CA 90025				
DOCUMENT #			STREET ADDRESS		
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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: <u>Harvey Rosen</u>			Date: <u>7/16/07</u> Daytime Phone: <u>310 477.5300</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone if		

STAPLE CHECK HERE