

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY 2006 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01172006 Chg-LP CR2E003 (11/05)

4. FEI Number **2012558625** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DOCUMENT # B05000000049

1. Entity Name
EASTERN PENNSYLVANIA MORTGAGE SERVICES, L.P.



Principal Place of Business
**C/O CHASE VENTURES HOLDINGS, INC.
194 WOOD AVE
SOUTH ISELIN, NJ 08830**

Mailing Address
**C/O CHASE VENTURES HOLDINGS, INC.
194 WOOD AVE
SOUTH ISELIN, NJ 08830**

2. Principal Place of Business
**2003 South Eastern Rd. Jr.
Suite, Apt. #, etc.**

3. Mailing Address
Suite, Apt. #, etc.

**Bldg 107
City & State
Doylstown, PA**

City & State

Zip
18901

Country

Zip

Country

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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

DOCUMENT # **F04000001138**
NAME **CHASE VENTURES HOLDINGS, INC.**
STREET ADDRESS **194 WOOD AVE**
CITY-ST-ZIP **SOUTH ISELIN, NJ 08830**

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

**100074667731
05/16/06 01026 004 **500.00**

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone

3/28/06 732-452-8349

STAPLE CHECK HERE