

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -1 PM 1:46

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**



01172006 Chg-LP CR2E003 (11/05)

4. FEI Number **330823257** Applied For
Not Applicable

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

DOCUMENT # B05000000059
1. Entity Name
PENINSULA MORTGAGE, CALIFORNIA LIMITED



Principal Place of Business
**62 PENINSULA CENTER
ROLLING HILL ESTATES, CA 90274**

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

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

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

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	F0400001138 CHASE VENTURES HOLDINGS, INC. 194 WOOD AVENUE SOUTH ISELIN, NJ 08830	STREET ADDRESS CITY-ST-ZIP	
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STAPLE CHECK HERE

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]* Date 3/28/06 Daytime Phone # 732-452-8349
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER