2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DOCUMENT # B05000000251

1. Entity Name
PHF OCEANFRONT LP



FILED Apr 16, 2007 08:00 Al Secretary of State

Principal Place of Business

% PYRAMID ADVISORS LLC ONE POST OFFICE SQUARE BOSTON, MA 02109 Mailing Address

% PYRAMID ADVISORS LLC ONE POST OFFICE SQUARE BOSTON, MA 02109



DO NOT WRITE IN THIS SPACE

04022007 No Chg-LP C

CR2E003 (12/06)

4. FEI Number 20-2993767

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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 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, 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.

GENERAL PARTNER INFORMATION DOCUMENT # M05000003158 PHF FLORIDA GP LLC STREET ADDRESS ONE POST OFFICE SQUARE CITY-ST-ZIP BOSTON, MA 02109 DOCUMENT # STREET ADDRESS CITY-ST-ZIP OOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-7IP DOCUMENT # NAME

04/26/07-80042-007-508.75

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IN THIS SPACE

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 employered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

MATURE AND TYPED OR PRINTED NAME

Lisa Holland

Sprif 11, 2006 (95

(954)3156313

Daytime Phone #