


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007

DOCUMENT # B05000000252		
1. Entity Name PHF PLANTATION LP		
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

F.L.L.
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 JUL 18 PH 2:58



2. Principal Place of Business - No P.O. Box #		3. Mailing Address		06182007 Chg-LP CR2E003 (12/06)	
Suite, Apt. #, etc. One Post Office Square, Suite 3100 Boston, MA 02109		Suite, Apt. #, etc. One Post Office Square, Suite 3100 Boston, MA 02109		4. FEI Number 20-2993398	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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 date if applicable

FILE NOW!!! FEE IS \$900.00
On or after September 14, 2007, Fee will be \$1000.00

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	M05000003158 PHF FLORIDA GP LLC ONE POST OFFICE SQUARE BOSTON, MA 02109	STREET ADDRESS CITY-ST-ZIP	One Post Office Square, Suite 3100 Boston, MA 02109
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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:  **6/21/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Dated: Phone #

STATE VOUCHER HERE