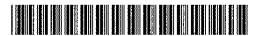
### **2006 LIMITED PARTNERSHIP ANNUAL REPORT**

# Due By May 1, 2006

WEST SPRINGFIELD, MA 01089

## **FILED** Apr 27, 2006 08:00 Al Secretary of State

DOCUMENT # B97000 5. Entity Name FLORIDA PENDELTON LIMITE		
Principal Place of Business	Mailing Address	
200 HMION CTOCCT, CHITE 200	200 HMOM CIDEET CHITE 200	



#### DO NOT WRITE IN THIS SPACE

04192006 No Chg-LP CR2E003 (11/05)

4. FEI Number Applied For 04-3392857 Not Applicable

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

6. Name and Address of Current Registered Agent

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

WEST SPRINGFIELD, MA 01089

#### DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of changing its re- ions of registered agent.	gistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept	
me colligat	ions of registered agent.	H00000537951	
SIGNATURE -	Signature, typed or printed name of registered agent and title if applicable	<u> </u>	
	Ognavire, types of printed harde of registered again and tide it applicable	UNIC	
	FILE NOW!!! «FEE-IS \$500.00 After May 1, 2006, Fee will be \$900.0	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 #	F97000002164		
NAME	NESPA 1997 PROPERTY INVESTORS, INC.		
STREET AUDRESS	380 UNION STREET		
CITY-ST-ZIP	WEST SPRINGFIELD, MA 01089		
DOCUMENT #			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #			
NAME		DO MOT MOITE	
STREET ADDRESS		DO NOT WRITE	
CITY-ST-ZIP		IN THE ODAOF	
DOCUMENT#		IN THIS SPACE	
NAME			
Street address			
CITY-ST-ZIP			
DOCUMENT #			
NAME			
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 poport as required by Chapter 620, Florida Statutes

SIGNATURE: <

STAPLE CHECK HERE

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

> JEREMY YAVA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

413.787.6712

Daytime Phone #