2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000033789

Title:

Name:

Address:

City-St-Zip:

() Delete

FILED Mar 31, 2006 Secretary of State

Entity Nar	ne: PACE PA	RTNERS, INC.				
Current P	rincipal Place	of Business:	New Prin	New Principal Place of Business: 1902 2ND AVENUE NORTH JACKSONVILLE BEACH, FL 32250		
SUITE 300	NTURION PAR VILLE, FL 322					
Current M	ailing Addres	ss:	New Mail	New Mailing Address:		
10161 CENTURION PARKWAY SUITE 300 JACKSONVILLE, FL 32256				1902 2ND AVENUE NORTH JACKSONVILLE BEACH, FL 32250		
FEI Number:	59-3705690	FEI Number Applied For ()	FEI Number Not App	olicable () Certificate of Status Desired ()		
Name and	Address of C	urrent Registered Agent:	Name and	d Address of New Registered Agent:		
SUITE 260 JACKSON The above	PENDENT DF 0 VILLE, FL 322 named entity se of Florida.	202 US	ne purpose of changing	its registered office or registered agent, or bo	oth,	
	Electror	ic Signature of Registered	Agent	Date	_	
Election Car	npaign Financin	g Trust Fund Contribution ().				
OFFICERS	S AND DIREC	TORS:	ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	FARR, JAY A	Delete RION PARKWAY SUITE 300 E, FL 32256	Title: Name: Address: City-St-Zip:	D (X) Change () Addition FARR, JAY A 1902 2ND AVENUE NORTH JACKSONVILLE BEACH, FL 32250		
Title: Name: Address: City-St-Zip:	FOSTER, GAR	RION PARKWAY SUITE 300	Title: Name: Address: City-St-Zip:	D (X) Change () Addition FOSTER, GARY 1902 2ND AVENUE NORTH JACKSONVILLE BEACH, FL 32250		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JAY FARR D 03/31/2006

() Change (X) Addition

ROUSE, DARRYL

1902 2ND AVENUE NORTH

JACKSONVILLE BEACH, FL 32250