

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY 2006 PM 1:32
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA



01172006 Chg-LP CR2E003 (11/05)

4. FEI Number **2012558625** Applied For Not Applicable

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

DOCUMENT # B05000000049
 1. Entity Name
EASTERN PENNSYLVANIA MORTGAGE SERVICES, L.P.



Principal Place of Business Mailing Address
C/O CHASE VENTURES HOLDINGS, INC. **C/O CHASE VENTURES HOLDINGS, INC.**
194 WOOD AVE **194 WOOD AVE**
SOUTH ISELIN, NJ 08830 **SOUTH ISELIN, NJ 08830**

2. Principal Place of Business 3. Mailing Address
2003 South Easton Rd Suite, Apt. #, etc.
 Suite, Apt. #, etc. **Blky 107**
 City & State **Doylestown, PA** City & State
 Zip **18901** Country 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 #	F04000001138	STREET ADDRESS	
NAME	CHASE VENTURES HOLDINGS, INC.	CITY-ST-ZIP	
STREET ADDRESS	194 WOOD AVE		
CITY-ST-ZIP	SOUTH ISELIN, NJ 08830		
DOCUMENT #		STREET ADDRESS	100074667731
NAME		CITY-ST-ZIP	05/16/06 01026 004 **500.00
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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 report as required by Chapter 620, Florida Statutes

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

STAPLE CHECK HERE