# 2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006 DOCUMENT # A11434 1. Entity Name PINEHURST ASSOCIATES, LTD. Principal Place of Business P.O. BOX 170 SKILLMAN, NJ 08558 Mailing Address P.O. BOX 170 SKILLMAN, NJ 08558

# FILED Apr 06, 2006 08:00 AM Secretary of State



## DO NOT WRITE IN THIS SPACE

02092006 No Chg-LP CR2E003 (11/05)

4. FEI Number 22-2379743 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEVEN A. RAJTAR, P.A. 1063 MAITLAND VENTER COMMONS, STE 100 MAITLAND, FL 32751

# DO NOT WRITE IN THIS SPACE

<ol><li>The above named entity submits this statement for the purpose of changing its registers</li></ol>	ad office or registered agent, or both, in the State of Florida. I am familiar with, and accept
the obligations of registered agent.	U00000495 <b>79</b> 9
	04/04/00 00001 004 500 <b>00</b>

SIGNATINE

12.

Signature, typed or printed name of registered agent and title if applicable

04/21/06-80021-021 500.00

### FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00

GENERAL PARTNER INFORMATION

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.

DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	P36540 GENERAL PARTNER, INC. 2 HOLLOW ROAD SKILLMAN, NJ 08558
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS City-St-Zip	
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14. I hereby i	certify that the information supplied with this filling does not qualify to

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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:

IRE AND TYPED OR PRINTED NAME OF SIGNING CENERAL PARTNER

Date

609)466-0415