

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 MAR 17 AM 10:21

DOCUMENT # A13847

1. Entity Name
 300 PINE ISLAND ASSOCIATES, LTD.



Principal Place of Business
 1776 N. PINE ISLAND RD. #318
 PLANTATION, FL 33322

Mailing Address
 1776 N. PINE ISLAND RD. #318
 PLANTATION, FL 33322

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01242006 Chg-LP CR2E003 (11/05)

4. FEI Number
 59-2256723

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORRIS, ALLEN I.
 1776 NORTH PINE ISLAND ROAD, SUITE 318
 PLANTATION, FL 33322

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

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

DATE

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 #
 NAME

MORRIS, ALLEN I.

STREET ADDRESS

2715 OAKMONT

CITY - ST - ZIP

WESTON, FL 33332

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

COHEN, STEVEN L.

STREET ADDRESS

880 E. COCO PLUM CIRCLE

CITY - ST - ZIP

PLANTATION, FL

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

HILLMAN, DAVID H.

STREET ADDRESS

1950 OLD GALLOWS RE., STE 600

CITY - ST - ZIP

VIENNA, VA 221823933

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

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NAME

STREET ADDRESS

CITY - ST - ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

600869875826
 03/31/06--01003--026 **500.00

1/25/06

954-474-1726