


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A97000002316 1. Entity Name PINES HOTEL GROUP, LTD.	
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FILED
 08 MAY -1 PM 1:19
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Principal Place of Business 2800 S.W. 28TH TERRACE COCONUT GROVE, FL 33133	Mailing Address 2800 S.W. 28TH TERRACE COCONUT GROVE, FL 33133
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01102006 Chg-LP CR2E003 (11/05)

6. Name and Address of Current Registered Agent	
STARKMAN, MARK R 1500 SAN REMO AVENUE, SUITE 125 CORAL GABLES, FL 33146	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 _____

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 #	218831	STREET ADDRESS	1508 San Ignacio Ave #150
NAME	HOSPITALITY OPERATIONS, INC.	CITY-ST-ZIP	Coral Gables, FL 33146
STREET ADDRESS	2800 S.W. 28 TERRACE		
CITY-ST-ZIP	MIAMI, FL 33133		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

100074754281
 05/17/06--01016--018 **500.00

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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/24/06 305-661-1230
 Date Daytime Phone #

STAPLE CHECK HERE