


**2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007**

**FILED
Mar 14, 2007 08:00 AM
Secretary of State**

DOCUMENT # A97000002316

1. Entity Name
PINES HOTEL GROUP, LTD.



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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DO NOT WRITE IN THIS SPACE

01232007 No Chg-LP CR2E003 (12/06)

4. FEI Number 65-0794455	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STARKMAN, MARK R
1500 SAN REMO AVENUE, SUITE 125
CORAL GABLES, FL 33146

**DO NOT WRITE
IN THIS SPACE**

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, 2007, 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

DOCUMENT #	218831
NAME	HOSPITALITY OPERATIONS, INC.
STREET ADDRESS	1580 SAN IGNACIO AVE., #150
CITY-ST-ZIP	CORAL GABLES, FL 33146
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/23/07-80075-006 500.00

**DO NOT WRITE
IN THIS SPACE**

STAPLE CHECK HERE

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]* 3/19/07 305-661-1230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #