## 2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DO NOT WRITE IN THIS SPACE

DOCUMENT # A99000001829

1. Entity Name

PUNTA GORDA PINES, LTD.



FILED Apr 29, 2008 08:00 AN Secretary of State

Principal Place of Business

21600 OXNARD STREET, STE. 1200 WOODLAND HILLS, CA 91367

Mailing Address

21600 OXNARD STREET, STE. 1200 WOODLAND HILLS, CA 91367



03272008 No Chg-LP

CR2E003 (12/06)

4.	FEI Number		Applied For
	59-3612708		Not Applicable
5.	Certificate of Status Desired	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HAMLIN, CURTIS D ESQ. 1205 MANATEE AVENUE WEST BRADENTON, FL 34205

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<ol> <li>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. Lam familiar with, at the obligations of registered agent.</li> </ol>				
SIGNATURE Signature, typed or printed name of registered agent and tale if applicable.	DATE			
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00				
A CENEDAL DADTNED THAT IS A DUCINESS ENTITY MUST BE DECISTEDED AND ACTIVE WITH THIS OFFICE				

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 filled to change a general partner.

	12.	GENERAL PARTNER INFORMATION
	DOCUMENT / NAME STREET ADDRESS C:TY-ST-ZIP	L07000025987 ALLIANT HOLDINGS OF PUNTA GORDA LLC 21600 OXNARD STREET, STE. 1200 WOODLAND HILLS, CA 91367
	DOCUMENT #  NAME  STREET ADDRESS  CITY-ST-ZIP	
	DOCUMENT # NAME STREET ADDRESS CITY-SI-ZIP	
	DOCUMENT / NAME GIREET ADDRESS EVTY-ST-ZIP	
	DOCUMENT # NAME STREET ADDRESS	

000000931565 05/22/08-80020-002 500.00

## DO NOT WRITE IN THIS SPACE

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 empoward to execute this report as required by Chapter 629. Florida Statutes

SIGNATURE:

CITY-ST-ZIP

DOCUMENT #

HAME

STREET ADDRESS

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNE

e Daytime Phone #