


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

DOCUMENT # A00000000092	
1. Entity Name PINE RIDGE HOUSING LIMITED PARTNERSHIP	

Principal Place of Business 4239 NORTHLAKE BOULEVARD, SUITE D PALM BEACH GARDENS FL 33410	Mailing Address 4239 NORTHLAKE BOULEVARD, SUITE D PALM BEACH GARDENS FL 33410
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2. Principal Place of Business 3307 Northlake Blvd. Suite 107	3. Mailing Address 3307 Northlake Blvd. Suite 107
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City & State Palm Beach Gardens FL	City & State Palm Beach Gdn FL
Zip 33403	Zip 33403
Country USA	Country USA

FILED
06 MAY -1 AM 8:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA



1st MOORE CR2E003 (10/05)

4. FEI Number 65-0897647	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CROSSEN, JOSEPH F 4239 NORTHLAKE BOULEVARD, SUITE D PALM BEACH GARDENS FL 33410	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3307 Northlake Blvd. Suite 107 City Palm Beach Gardens FL Zip Code 33403
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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. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

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	STREET ADDRESS	
STREET ADDRESS	COMPLETE PROPERTY DEVELOPMENT CORP.	CITY-ST-ZIP	
CITY-ST-ZIP	4239 NORTHLAKE BOULEVARD, SUITE D PALM BEACH GARDENS FL 33410		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	100075023531
CITY-ST-ZIP			05/22/06--01029--005 **500.00
DOCUMENT #	NAME	STREET ADDRESS	
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DOCUMENT #	NAME	STREET ADDRESS	
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STREET ADDRESS		CITY-ST-ZIP	
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:  **4/26/06 561-626-2778**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE