2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DOCUMENT # A00000000092 2007 APR 25 AM 10: 36 PINE RIDGE HOUSING LIMITED PARTNERSHIP SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 3307 NORTHLAKE BLVD., SUITE 107 3307 NORTHLAKE BLVD., SUITE 107 PALM BEACH GARDENS, FL 33403 PALM BEACH GARDENS, FL 33403 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03272007 Cha-LP CR2E003 (12/06) 4. FEI Number Applied For City & State City & State 65-0897647 Not Applicable Country \$8.75 Additional Žip___ _ _ _ 5. Certificate of Status Desired Fee Required Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CROSSEN, JOSEPH F Street Address (P.O. Box Number is Not Acceptable) 3307 NORTHLAKE BLVD., SUITE 107 PALM BEACH GARDENS, FL 33403 Zip Code City FL 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, 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. DOCHMENT # STREET AODRESS COMPLETE PROPERTY DEVELOPMENT CORP. NAME STREET ADDRESS 4239 NORTHLAKE BOULEVARD, SUITE D CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT A STREET ADDRESS CHECK NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STAPLE DOCUMENT (STREET ADDRESS NAME 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

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