

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

DOCUMENT # A02000000566

1. Entity Name  
SCOTT PINES, LTD.



**FILED**  
**Feb 16, 2007 8:00 A.M.**  
**Secretary of State**

Principal Place of Business  
5505 N. ATLANTIC AVE  
STE. 115  
COCOA BEACH, FL 32931 US

Mailing Address  
5505 N. ATLANTIC AVE  
STE. 115  
COCOA BEACH, FL 32931 US



01122007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
01-0675167

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent.**

MCPHILLIPS, JACQUELINE  
5505 N. ATLANTIC AVE.  
115  
COCOA BEACH, FL 32931

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

DATE \_\_\_\_\_

**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 # P02000038178  
NAME SEVENTEEN, INC.  
STREET ADDRESS 5505 N. ATLANTIC AVE., STE. 115  
CITY-ST-ZIP COCOA BEACH, FL 32931

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**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 empowered to execute this report as required by Chapter 620, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-4-07 (321) 591-6147

Date

Daytime Phone #

STAPLE CHECK HERE