

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY 16 AM 8:34

DOCUMENT # A02000000566

1. Entity Name
SCOTT PINES, LTD.



Principal Place of Business Mailing Address
~~5505 N. ATLANTIC AVE~~ 4125 West END Road ~~5505 N. ATLANTIC AVE~~ 4125 West END Road
STE. 115 101 STE. 115 101
COCOA BEACH, FL 32931 US COCOA BEACH, FL 32931 US



04142008 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. 4125 West END Road
115 101
COCOA BEACH, FL 32931 Cocoa Beach, FL 32931

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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, 2008, Fee will be \$900.00

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05/12/08--01053--006 **508.75

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 4125 West END Road
CITY-ST-ZIP	COCOA BEACH, FL 32931 STE. 101
DOCUMENT #	
NAME	
STREET ADDRESS	COCOA BEACH, FL 32931
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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

Date 4/20/08 Daytime Phone # (321) 591-6147

STAPLE CHECK HERE