

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY 16 AM 8:34

DOCUMENT # A02000000567

1. Entity Name
PINES-CYPRESS, LTD.



Principal Place of Business Mailing Address
5505 N. ATLANTIC AVE 4125 West End Rd. 5505 N. ATLANTIC AVE 4125 West End Rd.
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 03-0432602 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 Suite 101
COCOA BEACH, FL 32931 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

300129050943
05/12/08--01053--005 **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 4125 West End Rd.
NAME	SEVENTEEN, INC. Suite 101
STREET ADDRESS	5505 N. ATLANTIC AVE. STE. 115 Cocoa Beach
CITY-ST-ZIP	COCOA BEACH, FL 32931 FL 32931
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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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

Day

Daytime Phone #

4/18/08 (321)
591-6147

STAPLE CHECK HERE