

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

FILED
Feb 20, 2006 08:00 AM
Secretary of State

JAN 30 2006



DOCUMENT # A03000000340	
1. Entity Name PINE MEADOWS ASSOCIATES, LTD.	



Principal Place of Business 1666 KENNEDY CSWY., #505 N. BAY VILLAGE FL 33141	Mailing Address 1666 KENNEDY CSWY., #505 N. BAY VILLAGE FL 33141
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/05)

4. FEI Number 82-0588658	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MCDONOUGH, BRIAN J 2200 MUSEUM TOWER 150 WEST FLAGLER STREET MIAMI FL 33130

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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

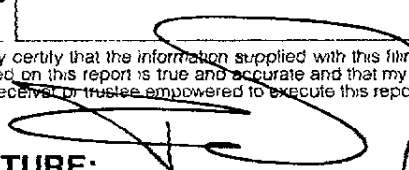
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and date if applicable.

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 CITY-ST-ZIP	L03000007032 PINE MEADOWS, LCC 1666 KENNEDY CSWY., #505 N. BAY VILLAGE FL 33141	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	1100000440230 03/02/06 80033-013 500.00
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DOCUMENT # 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:  **Francisco Rodo** 2/14/06 (305) 538-9552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE