

2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007

FILED
Mar 12, 2007 08:00 A
Secretary of State

DOCUMENT # A03000000340

1. Entity Name

PINE MEADOWS ASSOCIATES, LTD.



Principal Place of Business

Mailing Address

1666 KENNEDY CSWY., #505
 N. BAY VILLAGE FL 33141

1666 KENNEDY CSWY., #505
 N. BAY VILLAGE FL 33141



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

82-0588658

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

1st MOORE

CR2E003 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCDONOUGH, BRIAN J
 2200 MUSEUM TOWER
 150 WEST FLAGLER STREET
 MIAMI FL 33130

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

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

DATE

FILE NOW!!! Fee is \$500.* After May 1, 2007, 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 # L03000007032
 NAME PINE MEADOWS, LLC
 STREET ADDRESS 1666 KENNEDY CSWY., #505
 CITY-ST-ZIP N. BAY VILLAGE FL 33141

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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 STREET ADDRESS
 CITY-ST-ZIP

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CITY-ST-ZIP

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 03/22/07-80046-008 500.00

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 CITY-ST-ZIP

STREET ADDRESS

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

Date

Daytime Phone #

3/8/07 EXF. 103
 800 538-9552

STAPLE CHECK HERE