


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

DOCUMENT # A03000000939			
1. Entity Name WHIPPOORWILL PINES ASSOCIATES, LTD.			
Principal Place of Business 3111 UNIVERSITY DRIVE, SUITE 610 CORAL SPRINGS FL 33065		Mailing Address 3111 UNIVERSITY DRIVE, SUITE 610 CORAL SPRINGS FL 33065	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 24 PM 2:36



MOORE CR2E003 (11/03)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HODKIN, PETER M ONE EAST BROWARD BLVD., SUITE 1501 FORT LAUDERDALE FL 33301		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record. \$990.00		10. Amount of Capital Contributions in FLORIDA to date.	
11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			

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 #	P03000016459	STREET ADDRESS	
NAME	ZUCKERMAN HOMES OF SOUTHWEST FLORIDA, INC.	CITY-ST-ZIP	
STREET ADDRESS	3111 UNIVERSITY DRIVE, SUITE 610		
CITY-ST-ZIP	CORAL SPRINGS FL 33065		
DOCUMENT #		STREET ADDRESS	300032196793
NAME		CITY-ST-ZIP	04/08/04--01016--024 **141.25
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STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Pres. Andrew Zuckerman

3/28/04

Date

Daytime Phone #

STAPLE CHECK HERE