


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

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
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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

FILED

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SECRETARY OF STATE
FLORIDA

1ST MOORE CR2E003 (10/04)

4. FEI Number 83-0372563	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
HODKIN, PETER M ONE EAST BROWARD BLVD., SUITE 1501 FORT LAUDERDALE FL 33301	

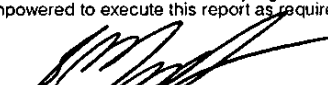
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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.		11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.
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. 990.00	

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	000048121600
NAME		CITY-ST-ZIP	03/10/05--01007--012 **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:  **Steven Zuckerman** **3/1/05** **954-340-1744**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE