

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

DOCUMENT # A03000000939

1. Entity Name

WHIPPOORWILL PINES ASSOCIATES, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 27 AM 11:12

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

6131 LYONS ROAD
SUITE 200

3. Mailing Address

← SAME
Suite, Apt. #, etc.

City & State

COCONUT CREEK, FL
Zip 33073 Country USA

City & State

Zip Country

Handwritten signature



1st MOORE

CR2E003 (10/05)

4. FEI Number

83-0372563

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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)

4901 N.W. 17 WAY #504
FORT LAUDERDALE FL Zip Code 33309

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, 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

DOCUMENT # P03000016459
NAME ZUCKERMAN HOMES OF SOUTHWEST FLORIDA, INC.
STREET ADDRESS 3111 UNIVERSITY DRIVE, SUITE 610
CITY-ST-ZIP CORAL SPRINGS FL 33065

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

200069930242
04/10/06--01027--024 **\$500.00

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

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DOCUMENT #

NAME

STREET ADDRESS

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

3-20-06

Date

Daytime Phone #

STAPLE CHECK HERE