


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

DOCUMENT # A03000000939	
1. Entity Name WHIPPOORWILL PINES ASSOCIATES, LTD.	

Principal Place of Business 6131 LYONS RD SUITE 200 COCONUT CREEK FL 33073	Mailing Address 6131 LYONS RD SUITE 200 COCONUT CREEK FL 33073
--	--


2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent HODKIN, PETER M 4901 NW WAY #504 FORT LAUDERDALE FL 33309	
---	--

FILED

2007 MAR -1 AM 10:19

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



1st MOORE CR2E003 (10/06)

4. FEI Number 83-0372563	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 title if applicable.

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 #	P03000016459	STREET ADDRESS	6131 Lyons Road, Suite 200
NAME	ZUCKERMAN HOMES OF SOUTHWEST FLORIDA, INC.	CITY - ST - ZIP	Coconut Creek, Fl. 33073
STREET ADDRESS	3111 UNIVERSITY DRIVE, SUITE 610		
CITY - ST - ZIP	CORAL SPRINGS FL 33065		
DOCUMENT #		STREET ADDRESS	000091017180
NAME		CITY - ST - ZIP	03/06/07--01027--018 **500.00
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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:  **ANDREW ZUCKERMAN** **2/21/07** **954-481-3700**

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

STAPLE CHECK HERE