2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008

DOCUMENT # A03000000939

1. Entity Name

WHIPPOORWILL PINES ASSOCIATES, LTD.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAR 11 PM 2:45

Principal Place of Business	Mailing Address
6131 LYONS RD SUITE 200 COCONUT CREEK FL 33073	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	Zip / Country

1st MOORE CR2E003 (10/07)

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	7. Name and Address of New Registered Agent
HODKIN, PETER M 4901 NW WAY #504 FORT LAUDERDALE FL 33309	Name ANDREW ZUCKERMAN Street Address (P.O. Box Number is Not Acceptable) 6131 LYONS ROAD SUITE 200 City COCONUT CREEK FL Zip Code 33073

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] ANDREW ZUCKERMAN 3/18/08
Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! Fee is $500. * After May 1, 2008, 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	
NAME	ZUCKERMAN HOMES OF SOUTHWEST FLORIDA, INC.		
STREET ADDRESS	~~9111 UNIVERSITY DRIVE, SUITE 619~~ 6131 LYONS RD.	CITY-ST-ZIP	
CITY-ST-ZIP	~~CORAL SPRINGS FL 33065~~ COCONUT CREEK, FL. 33073		
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STAPLE CHECK HERE

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] ANDREW ZUCKERMAN 3/18/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #