

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # A04000000483

1. Entity Name
PINE HAVEN HOUSING, LTD., LLLP



Principal Place of Business
**247 NORTH WESTMONTE DRIVE
ALTAMONTE SPRINGS, FL 32714**

Mailing Address
**247 NORTH WESTMONTE DRIVE
ALTAMONTE SPRINGS, FL 32714**



03182008 No Chg-LP

CR2E003 (12/06)

4. FEI Number
20-0917770

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**COSTOLO, W. TERRY ESQ.
301 EAST PINE STREET, SUITE 1400
ORLANDO, FL 32801**

**DO NOT WRITE
IN THIS SPACE**

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 \$500.00
After May 1, 2008, Fee will be \$900.00

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

DOCUMENT # **L05000109967**
NAME **PICERNE PINE HAVEN, LLC**
STREET ADDRESS **247 NORTH WESTMONTE DRIVE**
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32714**

DOCUMENT # **P04000050500**
NAME **PINE HAVEN PARTNERS, INC.**
STREET ADDRESS **211 NORTH RIDGEWOOD AVE., #200**
CITY-ST-ZIP **DAYTONA BEACH, FL 32114**

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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UD00000933246
05/22/08-80089-006 500.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

Jan Heflinger

04/25/08

(407) 772-0200

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #