2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

FILED Feb 28, 2008 08:00 AM Secretary of State

DOCUMENT # A04591
1. Entity Name
PINE VIEW APARTMENTS, LTD.

Principal Place of Business 300 WEST DIXIE AVENUE LEESBURG, FL 34748 Mailing Address

300 WEST DIXIE AVENUE LEESBURG, FL 34748



DO NOT WRITE IN THIS SPACE

02252008 No Chg-LP CR2E003 (12/06)

4. FEI Number Applied For S9-1618570 Not Applied For Not Applied For Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HABER, FLORA JO 300 WEST DIXIE AVENUE LEESBURG, FL 34748		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 little if applicable	DATE	
,,	FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.0	508.75	
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 #			
NAME	HABER, FLORA JO		
STREET ADDRESS	300 WEST DIXIE AVE.		
CITY-ST-ZIP	LEESBURG, FL		
DOCUMENT #			
NAME		U00000843352	
STREET ADDRESS		U00000843352 03/11/08-80066-010 508.75	
CITY-ST-ZIP		010 300.13	
DOCUMENT #			
NAME			
STREET ADDRESS		DO NOT WRITE	
CITY-ST-ZIP			
DOCUMENT #		IN THIS SPACE	
NAME		111110 017102	
STREET ADDRESS			
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CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filling 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: FIGNATURE

NATURE AND YPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-25-68

(352) 187-6700

Daylime Phone #