2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A05000001027

1. Entity Name
EASTWOOD ASSOCIATES, L.L.L.P.

FILED

07 FEB 23 AM 10: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
240 SOUTH PINEAPPLE AVE., 10TH FLOOR SARASOTA, FL 34236	P.O. BOX 49948 SARASOTA, FL 34230-6948

DO NOT WRITE IN THIS SPACE

02012007 No Chg-LP   CR2E003 (12/06)

4. FEI Number	Applied For
20-2885533	Not Applicable

5. Certificate of Status Desired	☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BAND, DAVID S
240 SOUTH PINEAPPLE AVE., 10TH FLOOR
SARASOTA, FL 34236

**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.
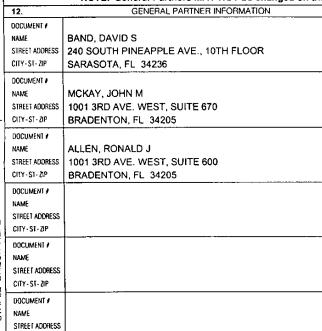
SIGNATURE
Signature, typed or printed name of registered agent and title if applicable.   DATE

FILE NOW!!! FEE IS $500.00
After May 1, 2007, 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 # NAME STREET ADDRESS CITY-ST-ZIP	BAND, DAVID S 240 SOUTH PINEAPPLE AVE., 10TH FLOOR SARASOTA, FL 34236
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	MCKAY, JOHN M 1001 3RD AVE. WEST, SUITE 670 BRADENTON, FL 34205
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	ALLEN, RONALD J 1001 3RD AVE. WEST, SUITE 600 BRADENTON, FL 34205
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

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02/27/07--01057--020 **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: _____ 2/6/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   Date   Daytime Phone #