


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 07 JAN 23 AM 9:19

<b>DOCUMENT # A05804</b> 1. Entity Name PINE FOREST, LTD.	
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Principal Place of Business 3111 PACES MILL RD SUITE A250 ATLANTA, GA 30339	Mailing Address 3111 PACES MILL RD SUITE A250 ATLANTA, GA 30339
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2. Principal Place of Business - No P.O. Box # 1530 W. Madison St.	3. Mailing Address Suite, Apt. #, etc.
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City & State Starke, FL Zip 32091	City & State Suite, Apt. #, etc. Zip Country USA
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01032007 Chg-LP CR2E003 (12/06)

4. FEI Number 59-1896675	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  ADAMS, SUSAN HALLMARK GROUP SERVICES OF FLORIDA LLC 4040 NEWBERRY ROAD., SUITE 1000 GAINESVILLE, FL 32607	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \$500.00**  
**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	13. ADDRESS CHANGES ONLY
DOCUMENT # 484037 NAME DAVIS PROPERTY MGMT. INC STREET ADDRESS RT. 1 BOX 318 CITY-ST-ZIP NEWBERRY, FL	STREET ADDRESS CITY-ST-ZIP
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 01/25/07--01040--006 \*\*508.75

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: Susan Adams, Registered Agent Date: 1-18-07 Daytime Phone #: 352-224-2051  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE