

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

DOCUMENT # A05804

1. Entity Name

PINE FOREST, LTD.



FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 APR 11 PM 3:56

Principal Place of Business

4040 NEWBERRY ROAD SUITE 1000
GAINESVILLE FL 32607

Mailing Address

4040 NEWBERRY ROAD SUITE 1000
GAINESVILLE FL 32607



2. Principal Place of Business - No P.O. Box #

1530 W. MADISON ST.

3. Mailing Address

3111 PACES MILL RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE A250

City & State

STARKE, FL

City & State

ATLANTA, GA

Zip

32091

Country

Zip

30339

Country

1st MOORE

CR2E003 (10/07)

4. FEI Number

59-1896675

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ADAMS, SUSAN
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

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.

700122866407
04/10/08--01016--011 **508.75
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

DOCUMENT # M03000001595
NAME HALLMARK GROUP SERVICES OF FLORIDA LLC
STREET ADDRESS 3111 PACES MILL ROAD SUITE A-250
CITY-ST-ZIP ATLANTA GA 30339

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

Matthew P. [Signature]

3/18/08