FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

A12591

DOCUMENT #

FILCO SECRETARY OF STATE DIVISION OF CORPORATIONS

93 00T 28 PM 12: 34



PINEWOOD ASSOCIATES, LTD.							
Mailing Address 7740 SW 104TH ST #200 MIAMI FL 33156	Principal Office Address 7740 SW 104TH ST #200 MIAMI FL 33156		3. Date Formed or Registered 05/28/1982	5a. Capital Contributions as Shown on record			
			3a. Date of Last Report 12/21/1995	5b. Amount of Capital Contributions in FLORIDA			
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	to date			
Suite, Apt. #, etc	Suite, Apt. #, etc.		6. FEI Number 59-2206869	Applied For			
City & State	City & State		7. Certificate of Status Desired	\$8.75 Additional			
Zip Country	Zip Cou	untry	Fee Required 8. Make check payable to Dept of State (See reverse side for fee information				
			Of Mana Green projects to Bep.				
9. Name and Address of Current Registered Agent			10. If changed new Registered Agent/Office				
DORSY, CLAUDE 7740 SW 104TH ST., #200 MIAMI FL 33156		Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc.					
					City FL Zip Code		
		A GENERAL PARTNER TH	IAT IS A CORPORATION, LINUST BE REGISTERED AND A		NERSHIP OR OTH		
11. Name(s) of General Partner(s)	Address of Each General Par 11a. (Do NOT Use Post Office Box N	rther lumbers) 11b.	City, State & Zip Code	11c. Registration/ Document Number			
FIRST FLORIDA EQUITIES,	7740 SW 104 ST.	MIA	MI FL	M16984			
			000001 -10/3 ****	9928704 1/9601097008 576.25 **** 138.75 576-25			
Note; General partners MAY	NOT be changed on this form; a	an amendme	dcc nt must be filed to ch	nange a general partner.			
	I with this filing is voluntarily firm shed and does not gu			<u>-</u>			

Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this agricular execute this report is true and accurate and that my signature shall have the same legal effects as if made under oath.) further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes

SIGNATURE -

DATE: October 4, 1996

Typed or Printed Name of General Partner Signing Form

Claude Dorsy, President

Daytime Telephone Number (305) 666-5588