FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Pertnership

1a. DOCUMENT # A12591 DIVISION OF CORPORATIONS

97 DEC 23 AM 10: 11



PINEWOOD ASSOCIATES, LTD.							
Mailing Address	Principal Office Address			3. Date Formed or Registered		5a. Capital Contributions as Shown on record.	
7740 SW 104TH ST., #200	7740 SW 104TH ST., #200 MIAMI FL 33156			05/28/1982 3&. Dale of Last Report 10/28/1996		\$820,000.00 5b. Amount of Capital Contributions in Ft ORIDA	
MIAMI FL 33156			1				
				4. State or Country of Formation	Contri to dat	ibutions in FLORIDA e:	
2. Mailing Address	28. Principal Office Address			FL.			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. FEI Number	Applied For		
City & State	City & State			59-2206869		Not Applicable	
Zip Country	Zip Country			7. Certificate of Status Desired		\$8.75 Additional Fee Required	
				8. Make check payable to: Dept. of	State (See rev	erse side for fee informati	
9. Name and Address of Current Registered Agent			10. If changod, 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	7rp Code	
agent. I am familiar with, and accept the oblined agent. I am familiar with, and accept the oblined agent. Accepting Appointment AGENERAL PARTNER THE	ent)	N, LIMITED	PARTI	DATE NERSHIP OR OTHE			
11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NO1 Use Post Office Box Numbers)		11b.	City, Stale & Zip Code	11c.	Registration/ Document Number	
FIRST FLORIDA EQUITIES,	ORIDA EQUITIES, 7740 SW 104 ST.		MIAMI FL		M16984		
		i -	5 5 5 5	500002 -01/06 *****\$		585 \$ 1025012 ****\$541.25	
Note: General partners MAY							
 I do hereby certify that the information supplied corporations from any liability of non-complian fils annual report is true and accurate and that 	ce with Section 119.07(3)(k) in the event that	the information supp	olied is deeme	ed exempt from public access. I furth	er certify that th	e information indicated	

DATE 11/14/97

Typed or Printed Name of General Partner Signing Form

SIGNATURE Ledi

empowered to execute this report as required by chapter 620, Florida Statutes.

Claude Dorsy

______Daytime Telephone Number (305) 666-5588