


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

#FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 05 MAR 10 AM 10:02

DOCUMENT # A12591					
1. Entity Name PINEWOOD ASSOCIATES, LTD.					
Principal Place of Business 9095 S.W. 87TH AVENUE., SUITE 777 MIAMI, FL 33176			Mailing Address 9095 S.W. 87TH AVENUE., SUITE 777 MIAMI, FL 33176		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 01112005 Chg-LP CR2E003 (10/03) 59-2206869	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required Applied For: <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MITCHELL, JAMES R 9095 S.W. 87TH AVENUE., SUITE 777 MIAMI, FL 33176			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$820,000.00		10. Amount of Capital Contributions in FLORIDA to date.			
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 #	P96000099680		STREET ADDRESS		
NAME	PROFESSIONAL MANAGEMENT GENERAL PARTNERSHI		CITY-ST-ZIP		
STREET ADDRESS	9095 SW 87 AVENUE, SUITE 777		STREET ADDRESS	200048581202	
CITY-ST-ZIP	MIAMI, FL 33176		CITY-ST-ZIP	03/17/05--01005--019 **526.25	
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CITY-ST-ZIP			CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

James R. Mitchell
 2/25/05 305-270-0870

STAPLE CHECK HERE