


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT #A12591 1. Entity Name PINEWOOD ASSOCIATES, LTD.	
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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
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01112006 No Chg-LP CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2206869	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MITCHELL, JAMES R
9095 S.W. 87TH AVENUE., SUITE 777
MIAMI, FL 33176

DO NOT WRITE IN THIS SPACE

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, 2006, 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.

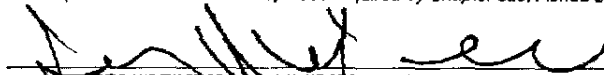
12. GENERAL PARTNER INFORMATION	
DOCUMENT #	P96000099680
NAME	PROFESSIONAL MANAGEMENT GENERAL PARTNERSHIP
STREET ADDRESS	9095 SW 87 AVENUE, SUITE 777
CITY-ST-ZIP	MIAMI, FL 33176
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

100000489488
03/27/06-80002-003 500.00

STAPLE CHECK HERE

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

James R. Mitchell
03/13/06 305-270-0870