2007 LIMITED PARTNERSHIP ANNUAL REPORT

FILED Mar 15, 2007 08:00 Al te

Due By May 1, 2007				13, 2007 00:00
DOCUMENT # A12591 1. Entity Name PINEWOOD ASSOCIATES, LTD.	/ Name		S	ecretary of Sta
7 11/2/10/05 / 10/05 /				
Principal Place of Business Mailing Address 9095 S.W. 87TH AVENUE., SUITE 777 MIAMI, FL 33176 MIAMI, FL 33176 MIAMI, FL 33176		SUITE 777) BJBIJ BJBIJ BJBIJ KIRIJ BJBIJ BJBIJ BJBIJ BJBIJ
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DO NOT WRITE IN THIS SPA		ACE	01082007 No Chg-LP 4. FEI Number	CR2E003 (12/06)
			59-2206869 5. Certificate of Status Desired	Not Applicable \$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		And the second s	DO NOT W IN THIS SF	
The above named entity submits this statement for the obligations of registered agent.	the purpose of changing its regis	stered office or register	ed agent, or both, in the State of Flo	orida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent a	nd tide if applicable			DATE
FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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	OCUPAL DADENGOU			
NAME PROFESSIONAL MANAGEMENT STREET ADDRESS 9095 SW 87 AVENUE, SUITE 77				
CITY-ST-ZIP MIAMI, FL 33176				
DOCUMENT /				
NAME			UOOOC	00668175
STREET ADDRESS CITY-ST-2IP			03/27/07	7-80020-009 500.00
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NAME				
STREET ADDRESS CITY-ST- 2IP				
DOCUMENT #				

14. I hereby certify that the information supplied with this filling 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

STAPLE CHECK HERE

NAME STREET ADDRESS CITY-ST-ZIP

James R. Mitchell

3/14/07

305-270-0870