


**2008 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2008**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 MAR 14 AM 8:35

|  |   |
|--|---|
| DOCUMENT # A12591<br>1. Entity Name<br>PINEWOOD ASSOCIATES, LTD. |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br>9095 S.W. 87TH AVENUE., SUITE 777<br>MIAMI, FL 33176 | Mailing Address<br>9095 S.W. 87TH AVENUE., SUITE 777<br>MIAMI, FL 33176 |
|---|---|



01102008 No Chg-LP CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>59-2206869                               | Applied For<br>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 *James R. Mitchell* No Change DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2008, Fee will be \$900.00**

600120878746  
03/21/08--01007--034 \*\*500.00

**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 PARTNERSHI |
| 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**

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: *James R. Mitchell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

James R. Mitchell 3/10/08  
305-270-0870