2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Mar 05, 2007 08:00 A
Secretary of State

DOCUMENT # A13847

1. Entity Name
300 PINE ISLAND ASSOCIATES, LTD.

Principal Place of Business	Mailing Address
1776 N. PINE ISLADN RD. #318 PLANTATION, FL 33322	1776 N. PINE ISLADN RD. #318 PLANTATION, FL 33322

DO NOT WRITE IN THIS SPACE

01192007 No Chg-LP CR2E003 (12/06)

4. FEI Number
59-2256723
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MORRIS, ALLEN I.
1776 NORTH PINE ISLAND ROAD, SUITE 318
PLANTATION, FL 33322

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, 2007, Fee will be $900.00

U00000656489
03/14/07-80027-024 500.00

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 #	
NAME	MORRIS, KENNETH E
STREET ADDRESS	2715 OAKMONT
CITY-ST-ZIP	WESTON,, FL 33332
DOCUMENT #	
NAME	COHEN, STEVEN L.
STREET ADDRESS	880 E. COCO PLUM CIRCLE
CITY-ST-ZIP	PLANTATION, FL
DOCUMENT #	
NAME	HILLMAN, DAVID H.
STREET ADDRESS	1950 OLD GALLOWS RE., STE 600
CITY-ST-ZIP	VIENNA, VA 221823933
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: _____ 2/17/07 954-474-1776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #