

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID  
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 MAR 18 PM 12:53

SECRETARY OF STATE



1. Name of Limited Partnership

1a. DOCUMENT #  
A22546

PINEWOOD VILLAS, LTD.

Mailing Address

1835 CAMINO VIDA ROBLE  
CARLSBAD CA 92008

Principal Office Address

1835 CAMINO VIDA ROBLE  
CARLSBAD CA 92008

3. Date Formed or Registered

05/14/1986

5a. Capital Contributions as  
Shown on record

\$116,890.00

3a. Date of Last Report

02/09/1998

5b. Amount of Capital  
Contributions in FLORIDA  
to date

116,890

4. State or Country of Formation

FL

6. FEI Number

59-2969071

☐ Applied For  
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

2. Mailing Address

818 W. BROOKS AVE.

2a. Principal Office Address

818 W. BROOKS AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NORTH LAS VEGAS, NV

City & State

NORTH LAS VEGAS, NV

Zip

89030

Country  
USA

Zip

89030

Country  
USA

9. Name and Address of Current Registered Agent

SCHAEFFER, NEIL  
28779 WILD COFFEE COURT  
BONITA SPRINGS FL 34135

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

ASB ENTERPRISES, INC.

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

~~1835 CAMINO VIDA ROBLE~~

818 W. BROOKS AVE.

11b. City, State & Zip Code

~~CARLSBAD CA 92008~~

NORTH LAS VEGAS, NV 89030

11c. Registration/  
Document Number

F94000006171

9000002820929-5  
03/26/99-01129-008  
\*\*\*\*526.25 \*\*\*\*526.25

**NOTE: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

*Patricia M. Green*  
PATRICIA M. GREEN, VP OF  
ASB ENTERPRISES, INC., GP

DATE

3-12-99

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

760-839-7908

CR2E003 (12/98)