

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED

04 JUL 30 PM 1:59

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



07012004 Chg-LP CR2E003 (10/03)

4. FEI Number **13-3400086** Applied For Not Applicable.

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

DOCUMENT # A23835
 1. Entity Name
PEMBROKE PINES ASSOCIATES, L.P., LIMITED PARTNERSHIP



Principal Place of Business
65 WEST 36TH STREET SUITE 1200 NEW YORK, NY 10018

Mailing Address
65 WEST 36TH STREET SUITE 1200 NEW YORK, NY 10018

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent
**KEY CORPORATE SERVICES, INC.
 2 SOUTH BISCAYNE BLVD., 34TH FLOOR
 C/O GUNSTER YOAKLEY
 MIAMI, FL 33131**

7. Name and Address of New Registered Agent
 Name **GUNSTER, YOAKLEY & STEWART P.A.**
 Street Address (P.O. Box Number is Not Acceptable)
2 BISCAYNE BLVD, STE. 3400
ATTN: EDGAR LEWIS
 City **MIAMI** FL Zip Code **33131-1897**

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 **GUNTER YOAKLEY & STEWART T.A. EDGAR LEWIS** DATE **7/22/2004**

9. Capital Contributions as Shown on record: **\$2,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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 #	M97000000651
NAME	H & G II ASSOCIATES, L.L.C.
STREET ADDRESS	65 WEST 36TH STREET SUITE 1200
CITY-ST-ZIP	NEW YORK, NY 10018
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	900039950339
CITY-ST-ZIP	08/06/04 01047 008 **535.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]** DATE **7/22/04** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER