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

FILED Jan 23, 2008 08:00 A Secretary of State

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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



### DO NOT WRITE IN THIS SPACE

01042008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 13-3400086 Applied For Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICES INC 2 SOUTH BISCAYNE BLVD., SUITE 3400 MIAMI, FL 33131-1897

# DO NOT WRITE IN THIS SPACE

FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00	
Signature, typed or printed name of registered agent and title if applicable	DATE
SIGNATURE	01/24/08-80024-013 508.75
<ol><li>The above named entity submits this statement for the purpose of changing its registered office or registered agent, or bot the obligations of registered agent.</li></ol>	in, in the State of Horida am tamiliar with, and accept

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 M06000001931 DOCUMENT # H & G PEMBROKE, LLC NAME STREET ADDRESS 65 WEST 36TH STREET SUITE 1200 CiTY-ST-ZiP NEW YORK, NY 10018 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-7/P DOCUMENT # CHECK NAME STREET ADDRESS CITY-SI-ZIP DOCUMENT # NAME, STREET ADDRESS CITY-ST-ZIP

# DO NOT WRITE IN THIS SPACE

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:

IGNATURE AND TYPED ON RINTED NAME OF SIGNING GENERAL PARTNER

1-4-02

Date

Daytime Phone #