

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR 17 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02122007 Chg-LP CR2E003 (12/06)

4. FEI Number 59-2830667 Applied For Not Applicable

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

DOCUMENT # A24544 1. Entity Name PINEBROOK MANOR, LTD.	
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Principal Place of Business 29656 U.S. 19 NORTH, SUITE 100 CLEARWATER, FL 34621	Mailing Address 29656 U.S. 19 NORTH, SUITE 100 CLEARWATER, FL 34621
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2. Principal Place of Business - No P.O. Box # 28059 US Hwy 19 N Suite, Apt. #, etc. Ste 302 City & State Clearwater, FL Zip 33761 Country US	3. Mailing Address 28059 US Hwy 19 N Suite, Apt. #, etc. Ste 302 City & State Clearwater, FL Zip 33761 Country US
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6. Name and Address of Current Registered Agent MINIERI, CARL A 2956 US 19, NORTH, SUITE 100 CLEARWATER, FL 34621

7. Name and Address of New Registered Agent Name Minieri, Carl A. Street Address (P.O. Box Number is Not Acceptable) 28059 US Hwy 19 N Ste 302 City Clearwater FL Zip Code 33761
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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

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	J49276 PINEBROOK MANOR, INC. 29656 U.S. 19 NORTH, SUITE 100 CLEARWATER, FL 34621	STREET ADDRESS CITY-ST-ZIP	28059 US Hwy 19 N Ste 302 Clearwater FL 33761
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	200098312702 04/24/07--01053--009 **500.00
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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: Michael Zupke 727-225-9999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE