

# 2008 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2008

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

APR 28 AM 10:41

DOCUMENT #A24544

1. Entity Name  
PINEBROOK MANOR, LTD.



Principal Place of Business  
28059 US HWY 19 N  
SUITE 302  
CLEARWATER, FL 33761

Mailing Address  
28059 US HWY 19 N  
SUITE 302  
CLEARWATER, FL 33761

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

36370 U.S. Hwy 19 N.  
Palm Harbor, FL.  
34684 USA

36370 U.S. Hwy 19 N.  
Palm Harbor, FL.  
34684 USA



04152008 Chg-LP CR2E003 (12/06)

4. FEI Number  
59-2830667

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

MINIERI, CARL A  
28059 US HWY 19 N  
CLEARWATER, FL 33761

7. Name and Address of New Registered Agent

Name

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

36370 U.S. Hwy 19 N.  
Palm Harbor, FL 34684

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, 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 # J49276  
NAME PINEBROOK MANOR, INC.  
STREET ADDRESS 28059 US HWY 19 N STE 302  
CITY-ST-ZIP CLEARWATER, FL 33761

STREET ADDRESS 36370 U.S. Hwy 19 N.  
CITY-ST-ZIP Palm Harbor, FL 34684

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE