


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By, May 1, 2006

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # A31801
 1. Entity Name
PINE LAKE SHOPPING CENTER, LTD.



Principal Place of Business Mailing Address
% SHANE SUCHMAN **% SHANE SUCHMAN**
1550 MADRUGA AVE., STE.230 **1550 MADRUGA AVE., STE.230**
CORAL GABLES, FL 33146 **CORAL GABLES, FL 33146**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01062006 Chg-LP CRZE003 (11/05)

4. FEI Number Applied For
59-2249059 Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SHANE, MARTIN H 1550 MADRUGA AVENUE SUITE 230 CORAL GABLES, FL 33146		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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	S50802 PINE LAKE, INC. 1550 MADRUGA AVENUE CORAL GABLES, FL 33146	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	U00000522534 05/03/06-80033-009 500.00
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STAPLE CHECK HERE

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: Peter A. Roberts, ST Date: 04/18/06 Daytime Phone #: 305-667-6461

PETER A. ROBERTS