2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DO NOT WRITE IN THIS SPACE

DOCUMENT # A31801

1. Entity Name

PINE LAKE SHOPPING CENTER, LTD.



FILED Apr 24, 2008 08:00 AN Secretary of State

Principal Place of Business

% SHANE SUCHMAN 1550 MADRUGA AVE., STE.230 CORAL GABLES, FL 33146 Mailing Address

% SHANE SUCHMAN 1550 MADRUGA AVE., STE.230 CORAL GABLES, FL 33146



01242008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-2249059

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SUCHMAN, LAWRENCE E 1550 MADRUGA AVENUE SUITE 230 CORAL GABLES, FL 33146

DO NOT WRITE IN THIS SPACE

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

DATE

FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00

GENERAL PARTNER INFORMATION

U000000920560

<u>/14/08-80049-005-500.00</u>

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.

DOCUMENT #	S50802
NAME	PINE LAKE, INC.
STREET ADDRESS	1550 MADRUGA AVENUE
CITY-ST-ZIP	CORAL GABLES, FL 33146
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-SI-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	• •
STREET ADDRESS	
CITY-ST-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/22/08

305-667-6461

Daytime Phone i