

2007 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By September 14, 2007

**FILED**  
**Aug 01, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # A32907**

1. Entity Name  
ATLANTIC PINES APARTMENTS, LTD.



Principal Place of Business  
701 WHITE BLVD.  
INVERNESS, FL 34453

Mailing Address  
P.O. BOX 10293  
CLEARWATER, FL 33757



07162007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3147856

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

KENNEY, PATRICIA  
701 WHITE BLVD  
INVERNESS, FL 34453

**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

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

DATE

FILE NOW!!! FEE IS \$500.00  
Due by September 14, 2007

\*In accordance with s. 607.193(2)(b), F.S.,  
the limited partnership did not receive the  
prior notice.

**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**

DOCUMENT # N31431  
NAME FLORIDA LOW INCOME HOUSING ASSOCIATES, INC  
STREET ADDRESS 701 WHITE BLVD  
CITY-ST-ZIP INVERNESS, FL 34453

DOCUMENT #  
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STREET ADDRESS  
CITY-ST-ZIP

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U00000771060  
08/01/07-80002-027 508.75

**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

Date

Daytime Phone #

STAPLE CHECK HERE