

**2007 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2007**

<b>DOCUMENT # A93000000422</b>	
1. Entity Name <b>SANDY PINES, LTD.</b>	

FILED  
07 MAY 18 AM 9:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>5505 N. ATLANTIC AVE., SUITE 115 COCOA BEACH, FL 32931</b>	Mailing Address <b>5505 N. ATLANTIC AVE., SUITE 115 COCOA BEACH, FL 32931</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc. <b>#108</b>	Suite, Apt. #, etc. <b>#108</b>
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City & State	City & State
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Zip	Country	Zip	Country
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04132007 Chg-LP CR2E003 (12/06)

4. FEI Number <b>59-3402126</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>
<b>MCPHILLIPS, JACQUELINE 5505 N. ATLANTIC AVE., SUITE 115 COCOA BEACH, FL 32931</b>

<b>7. Name and Address of New Registered Agent</b>
Name <b>KINCAID, JAMES</b>
Street Address (P.O. Box Number is Not Acceptable)
<b>5505 N ATLANTIC AVE, #108</b>
City <b>COCOA BEACH</b> FL Zip Code <b>32931</b>

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 James Kincaid DATE 4/20/2007

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	
DOCUMENT #	<b>P93000075715</b>
NAME	<b>HERITAGE PARTNERS GROUP VIII, INC.</b>
STREET ADDRESS	<b>5505 N. ATLANTIC AVE., SUITE 115</b>
CITY-ST-ZIP	<b>COCOA BEACH, FL 32931</b>

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<b>5505 N ATLANTIC AVE, #108</b>
CITY-ST-ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	<b>200103712742</b>
CITY-ST-ZIP	<b>05/01/07--01018--013 **508.75</b>

DOCUMENT #	
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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: James Kincaid, James Kincaid, 4/20/2007 321-799-4090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE