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

## **Due By May 1, 2007** FILED DOCUMENT # A95000000563 1. Entity Name 07 FEB 23 AM 10: 05 PINEAPPLE AVENUE ASSOCIATES, LTD. SECFETAFI OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address P.O. BOX 49948 240 S. PINEAPPLE AVENUE SARASOTA, FL 34230-6948 10TH FL SARASOTA, FL 34236 02012007 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0580465 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent BAND, DAVID \$ DO NOT WRITE 240 S. PINEAPPLE AVENUE 10TH FL SARASOTA, FL 34236 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. Fam 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, 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. GENERAL PARTNER INFORMATION 12. P95000027816 DOCUMENT # PINEAPPLE AVENUE ASSOCIATES, INC. STREET ADDRESS 240 S PINEAPPLE AVENUE, 10TH FL CITY-ST-ZIP SARASOTA, FL 34236 900089613949 02/27/07--0057--007 \*\*500 00 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIF DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP STAPLE ( DOCUMENT #

14. I hereby certify that the information supplied with this filting 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 reported by 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 reported by 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 reported by 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 reported by 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 reported by 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 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 the same legal effect as if made under oath; the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver of trustee empowered to execute the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same l

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPE OF STRINTED NAME OF SIGNING GENERAL PARTNER

2/4/07 Date 1

Daytime Phone #