

# 2006 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A95000001850

FILED  
Apr 26, 2006  
Secretary of State

**Entity Name:** PINES-HIGHLAND SQUARE ASSOCIATES, LTD.

**Current Principal Place of Business:**

3301 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

3301 PONCE DE LEON BLVD.  
PH SUITE  
CORAL GABLES, FL 33134

**Current Mailing Address:**

3301 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134

**New Mailing Address:**

3301 PONCE DE LEON BLVD.  
PH SUITE  
CORAL GABLES, FL 33134

FEI Number: 65-0620240

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PINES, ELIZABETH C ESQ  
3301 PONCE DE LEON BLVD.  
SUITE 200  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**GENERAL PARTNER INFORMATION:**

Document #: S29722  
Name: PINES-JACKSONVILLE MANAGEMENT, INC.  
Address: 3301 PONCE DE LEON BLVD., PH  
City-St-Zip: CORAL GABLES, FL 33134

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DR. RICARDO PINES

PRES

04/26/2006

\_\_\_\_\_ Electronic Signature of Signing General Partner

\_\_\_\_\_ Date