


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**

**06 MAY -1 AM 8:42**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

<b>DOCUMENT # A96000000744</b>	
1. Entity Name <b>PINES &amp; UNIVERSITY LIMITED PARTNERSHIP</b>	

Principal Place of Business <b>7301 N.W. 4TH STREET, #102 PLANTATION, FL 33317</b>	Mailing Address <b>404 COCONUT PALM ROAD BOCA RATON, FL 33432</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>5520 N.E. TRIESTE TERRACE</b>
City & State	City & State <b>BOCA RATON FL</b>
Zip <b>33487</b>	Country <b>USA</b>



04172006 Chg-LP CR2E003 (11/05)

4. FEI Number <b>65-0714501</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>SUAREZ, JOSE M 404 COCONUT PALM ROAD BOCA RATON, FL 33432</b>	7. Name and Address of New Registered Agent Name <b>JAME</b> Street Address (P.O. Box Number is Not Acceptable) <b>5520 N.E. TRIESTE TERRACE</b> City <b>BOCA RATON</b> FL Zip Code <b>33487</b>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>P96000016598 PINES &amp; UNIVERSITY SERVICE CENTER, INC. 7301 N.W. 4TH STREET, #102 PLANTATION, FL 33317</b>	STREET ADDRESS CITY-ST-ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	<b>000075013720</b>
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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 **4.19.06** Daytime Phone # **954.4331000**

STAPLE CHECK HERE