

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1998**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

98 APR 27 AM 10:37



1. Name of Limited Partnership **1a. DOCUMENT #**
A97000002558

PINE & DOUGLAS ASSOCIATES, LTD.

Mailing Address % THE GOODMAN COMPANY 777 S. FLAGLER DRIVE WEST PALM BEACH FL 33401		Principal Office Address % THE GOODMAN COMPANY 777 S. FLAGLER DRIVE WEST PALM BEACH FL 33401		3. Date Formed or Registered 11/21/1997	5a. Capital Contributions Sum on record 278,643
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		3a. Date of Last Report	
				4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date. 278,643
				6. FEI Number 65-0807035	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
				7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent SHEWALTER, WILLIAM SUITE 1101, 777 S FLAGLER DRIVE WEST PALM BEACH FL 33401	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) PINE GP, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 777 S FLAGLER DRIVE	11b. City, State & Zip Code WEST PALM BEACH FL 33	11c. Registration/Document Number P97000098697
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-04/29/98--01096--005
***\$35.00 ***\$35.00

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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE William A. Shewalter DATE 3/31/98
PINE GP, INC. Daytime Telephone Number (561) 833-3777

CR2E003 (12/97)