

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # A98000000952

1. Entity Name
PINEBROOK COMMONS, LTD.



Principal Place of Business
**506 S. DIXIE HWY.
HALLANDALE, FL 33009**

Mailing Address
**506 S. DIXIE HWY.
HALLANDALE, FL 33009**



03312006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0829173	Applied For ☐ Not Applicable
------------------------------------	--

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FERDIE, AINSLEE R ESQ.
717 PONCE DE LEON BLVD., SUITE 215
CORAL GABLES, FL 33134**

**DO NOT WRITE
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. I am 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, 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

DOCUMENT #	L04000071653
NAME	PINEBROOK COMMONS, LLC
STREET ADDRESS	506 S. DIXIE HIGHWAY
CITY- ST- ZIP	HALLANDALE, FL 33009

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000500725
04/25/06-80034-009 500.00

**DO NOT WRITE
IN THIS SPACE**

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

Shaul Rickman

4/1/06

(954) 455-2822

Date

Daytime Phone #

STAPLE CHECK HERE