


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

2004 JAN 16 AM 8:35

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

| | | | |
|---|---------|---|---------|
| DOCUMENT # B00000000022 | |  | |
| 1. Entity Name WHISPERING PINES ASSOCIATES, LTD. | | | |
| Principal Place of Business 1911 SUMMER STREET STAMFORD, CT 06905 | | Mailing Address 1911 SUMMER STREET STAMFORD, CT 06905 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



01072004 Chg-LP CR2E003 (10/03)

| | |
|-----------------------------|--|
| 4. FEI Number 06-1329753 | Applied For <input type="checkbox"/> Not Applicable |
|-----------------------------|--|

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

| | | | |
|--|--|---|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| PETERSON, CARL R JR. C/O JOLLY, PETERSON & WATERS, P.A. 2155 DELTA BLVD., SUITE 110 TALLAHASSEE, FL 32303 | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |

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.

| | |
|---|---|
| 9. Capital Contributions as Shown on record. \$1,000,000.00 | 10. Amount of Capital Contributions in FLORIDA to date. |
|---|---|

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 # | FRIEDMAN, CARL | STREET ADDRESS | |
| NAME | 1911 SUMMER STREET | CITY-ST-ZIP | 100027111811 |
| STREET ADDRESS | STAMFORD, CT 06905 | | 01/16/04--01060--015 **526.25 |
| CITY-ST-ZIP | | STREET ADDRESS | |
| DOCUMENT # | RAPAPORT, ROSS | CITY-ST-ZIP | |
| NAME | 1911 SUMMER STREET | STREET ADDRESS | |
| STREET ADDRESS | STAMFORD, CT 06905 | CITY-ST-ZIP | |
| CITY-ST-ZIP | | STREET ADDRESS | |
| DOCUMENT # | | CITY-ST-ZIP | |
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| NAME | | STREET ADDRESS | |
| STREET ADDRESS | | CITY-ST-ZIP | |
| CITY-ST-ZIP | | STREET ADDRESS | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

1/9/04 203-857-1046
Date Daytime Phone #

STAPLE CHECK HERE