


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Feb 08, 2005 08:00 AM
Secretary of State

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
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01202005 Chg-LP CR2E003 (10/03)

4. FEI Number 06-1329753	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____
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9. Capital Contributions as Shown on record, \$1,000,000.00	10. Amount of Capital Contributions in FLORIDA to date, \$526.25
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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	
STREET ADDRESS	STAMFORD, CT 06905		
CITY - ST - ZIP			
DOCUMENT #	RAPAPORT, ROSS	STREET ADDRESS	
NAME	1911 SUMMER STREET	CITY - ST - ZIP	
STREET ADDRESS	STAMFORD, CT 06905		
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
CITY - ST - ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____	1/20/05	2-3-357-1046
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date	Daytime Phone #

STAPLE CHECK HERE