## 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

FILED Jan 11, 2007, 08:00 AN te

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DOCUMENT # B0000000022					Secretary of Sta
1. Entity Nam		00022			200100015
WHISPERING PINES ASSOCIATES, LTD.					
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			The state of the s		-
Principal Plac	e of Business	Mailing Address			
1911 SUMMI	ER STREET	1911 SUMMER STREET			
STAMFORD,	CT 06905	STAMFORD, CT 06905			
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				**********	G===000 (10/00)
DO NOT WRITE IN THE CO.			· ^ =	01082007 No Chg-LP	CR2E003 (12/06)
D	DO NOT WRITE IN THIS SPA			4. FEI Number	Applied For
				06-1329753	Not Applicable
				5. Certificate of Status Desired	\$8.75 Additional
				4. Detailoure of glang pegilan	Fee Required
	6. Name and Address of Cur	rent Registered Agent			
	PETERSON, CARL R JR.			DO NOT V	VRITE
	WO JOLLY, PETĒRSON & WATERS, P.A. 155 DELTA BLVD., SUITE 110				
	FALLAHASSEE, FL 32303			IN THIS S	PACE
	· , ·				
				<u>.</u>	<u> </u>
		ent for the purpose of changing its registe	red office or register	ed agent, or both, in the State of F	Florida. I am familiar with, and accept
the obligati	ions of registered agent.				
SIGNATURE .					
	Signature, typed or printed name of registered	agent and tille it applicable		<u> </u>	DATE
	· FILE !	NOW!!! FEE IS \$500.00			
,	After May	1, 2007, Fee will be \$900.00			
	A GENERAL PARTNI	R THAT IS A BUSINESS ENTITY I	MUST BE REGIS	FERED AND ACTIVE WITH T	HIS OFFICE.
		MAY NOT be changed on the form	n; an amendmer	it must be filed to change a	general partner.
12.	GENERAL PAR	TNER INFORMATION.			· <del>-</del>
DOCUMENT /		1			
NAME	FRIEDMAN, CARL				
STREET ADDRESS	1911 SUMMER STREET	<b>!</b>		E Lambarda esta esta	OEBBARA
CITY-ST-ZIP	STAMFORD, CT 06905				0582068 -80017-014 500.00
DOCUMENT #		1		UMITAN	-onort.ord anorm
NAME	RAPAPORT, ROSS				
STREET ADDRESS	1911 SUMMER STREET	l l			
CITY-ST-ZIP	STAMFORD, CT 06905				
DOCUMENT #					
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STREET ADDRESS CITY-ST-ZIP				DO MOL W	! <b>!! ! !</b>
		·		IN THIS SP	PACE
DOCUMENT / NAME					A To See See
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT # NAME					
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT /					
NAME		i			

14. I hereby certify that the information supplied with this filling 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:

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER