2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2004

✓ \DUE BY MAY 1, 2004					_	4		
DOCUMENT # A00465 1. Entity Name					FILED SECRETARY OF DIVISION OF COPPO	STATE STATIONS		
WINTER PARK PINES, LTD.					04 MAR 19 PM			
Principal Place of Business Mailing Address					T CLUMBER PO	3-13		
400 N. PRIMROSE DR. 400 N. PRIMROSE DR.			F DR		,			
ORLANDO FL 32803 ORLANDO FL 32803								
							DIN 1914 K BIBINDIN DI LEGA	
Principal Place of Business 3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			MOORE CR2E003 (11/03)			
City & State		City & State		4. FEI Number 59-614288	37	Applied For Not Applicable		
Zip Country		Zip	Country		5. Certificate of Status Desired		.75 Additional Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New	Registered Agen	it		
					Name			
BERZIN, ROBERT 400 NORTH PRIMROSE DRIVE				Street Address (dress (P.O. Box Number is Not Acceptable)			
ORLANDO FL 32803								
				City		FI	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								
	Signature, typed or printed name of registered agent		Conital Contril	nutions.	2-4 MAVE OUE	DATE	FL. DEPT. OF STATE	
9. Capital Contributions as Shown on record. \$10,000.00 in FLORIDA to date.						RSE SIDE FOR FE		
-	A GENERAL PARTNER T NOTE: General Partners MA				TERED AND ACTIVE WITH T			
12. GENERAL PARTNER INFORMATION				i, un amondino	ADDRESS CHANGES ONLY			
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NAME STREET ADDRESS								
CITY-ST-ZIP				- ST- ZiP				
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NAME STREET ADDRESS			·		300031854809 04/06/0401013002 **158.75			
CITY-ST-ZIP				-ST-ZIP	04/06/0401013	-002 **158	8.75	
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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. APUSTRIAL COUSTRIAL OF OUR TRUETON APPARTMENT.								
Ballober Davel								
SIGNATURE: SIGNATURE AND TYPED OR PENTED NAME OF SIGNING GENERAL PARTNER Date Daylor Pricks # Daylor Pricks								