2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # A08957

1. Entity Name
PINE ISLAND PROPERTIES, LTD.

Principal Place of Business	Mailing Address
1850 VICTORIA AVENUE FORT MYERS, FL 33901	1850 VICTORIA AVENUE FORT MYERS, FL 33901

03162005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
1361 COCONUT DR.	1361 COCONUT DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FORT MYERS, FL	City & State: FORT MYERS, FL
Zip: 33901 Country: USA	Zip: 33901 Country: USA

4. FEI Number 59-2077648 ☐ Applied For ☐ 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
GERMAINE, PAUL R. 1850 VICTORIA AVE. FT. MYERS, FL 33901	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 Paul R. Germaine DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.
$80,000.00	

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	425100	STREET ADDRESS	1361 COCONUT DR
NAME	GERMAINE & ASSOC.REALTY	CITY-ST-ZIP	FORT MYERS, FL 33901
STREET ADDRESS	1850 VICTORIA AVE.		
CITY-ST-ZIP	FORT MYERS, FL		
DOCUMENT #		STREET ADDRESS	
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CITY-ST-ZIP			

STAPLE CHECK HERE

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: Paul R. Germaine - PAUL R. GERMAINE 3/17/05 239-332-3681
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #