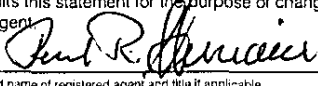
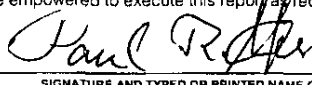


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 21 AM 10:39

DOCUMENT # A08957 1. Entity Name PINE ISLAND PROPERTIES, LTD.					
Principal Place of Business 1850 VICTORIA AVENUE FORT MYERS, FL 33901			Mailing Address 1850 VICTORIA AVENUE FORT MYERS, FL 33901		
2. Principal Place of Business 1361 COCONUT DR. Suite, Apt. #, etc.		3. Mailing Address 1361 COCONUT DR. Suite, Apt. #, etc.			
City & State FORT MYERS, FL Zip 33901		City & State FORT MYERS, FL Zip 33901		4. FEI Number 59-2077648	
Country USA		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GERMAINE, PAUL R. 1850 VICTORIA AVE. FT. MYERS, FL 33901				7. Name and Address of New Registered Agent 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:					
9. Capital Contributions as Shown on record. \$80,000.00		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 #	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		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
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NAME			CITY-ST-ZIP		
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)(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 3/17/05 239-332-3681					

STAPLE CHECK HERE