


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A09288 1. Entity Name ALDEN PINES, LTD.	
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FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA



Principal Place of Business 14027 CLUBHOUSE DR. PINELAND, FL 33945	Mailing Address P.O. BOX 324 PINELAND, FL 33945
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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01162004	Chg-LP	CR2E003(10/03)
4. FEI Number 59-2044080	Applied For Not Applicable	

6. Name and Address of Current Registered Agent			
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GROVES, BARRY K 14346 SANDARAC DR. PINELAND, FL 33945			
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7. Name and Address of New Registered Agent			
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$30,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	549951	STREET ADDRESS	
NAME	ADLEN PINES, INC.	CITY-ST-ZIP	500027891265
STREET ADDRESS	101 MAIN ST.		01/23/04--01057--008 **238.75
CITY-ST-ZIP	TRENTON, KY		
DOCUMENT #		STREET ADDRESS	
NAME	WARE, ROBERT F	CITY-ST-ZIP	
STREET ADDRESS	101 MAIN ST.		
CITY-ST-ZIP	TRENTON, KY		
DOCUMENT #		STREET ADDRESS	
NAME	GROVES, BARRY	CITY-ST-ZIP	
STREET ADDRESS	3 LOCUST CIRCLE		
CITY-ST-ZIP	TRENTON, KY		
DOCUMENT #		STREET ADDRESS	
NAME	GROVES, LEIGH	CITY-ST-ZIP	
STREET ADDRESS	3 LOCUST CIRCLE		
CITY-ST-ZIP	TRENTON, KY		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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: Barry Groves General Partner Barry Groves 1/16/04 (278) 466-5628
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #