

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**DOCUMENT # A03000001232**

1. Entity Name  
**PINEWOOD RRH, LTD.**



FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

04 MAR 29 AM 8:16

Principal Place of Business  
**516 LAKEVIEW ROAD, UNIT 8**  
**CLEARWATER, FL 33756**

Mailing Address  
**516 LAKEVIEW ROAD, UNIT 8**  
**CLEARWATER, FL 33756**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

03152004 Chg-LP CR2E003 (10/03)

4. FEI Number  
**20-0254880**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**FLYNN, THOMAS F**  
**516 LAKEVIEW ROAD, UNIT 8**  
**CLEARWATER, FL 33756**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$100.00**

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**

DOCUMENT # **L03000032323**  
 NAME **PVA, LLC**  
 STREET ADDRESS **516 LAKEVIEW ROAD, UNIT 8**  
 CITY-ST-ZIP **CLEARWATER, FL 33756**

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS  
 CITY-ST-ZIP **02/28/04 80035 012 \$150**

DOCUMENT #  
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 CITY-ST-ZIP

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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: Kevin T. Flynn **Kevin T. Flynn** 3/15/04 727-449-1182  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

**As Vice-President of LLC General Partner**

STAPLE CHECK HERE