



**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

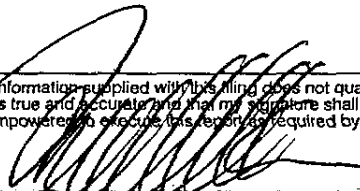
**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

|   |                                 |   |   |  |  |
|---|---------------------------------|---|---|--|--|
| <b>DOCUMENT # A92000000189</b><br>1. Entity Name<br>PINELLAS REAL INCOME COALITION, LTD.  |                                 |   |   |   |  |
| Principal Place of Business<br>25400 US 19 NORTH, SUITE 206<br>CLEARWATER, FL 33763   |                                 |   | Mailing Address<br>2040 N.E. COACHMAN ROAD<br>CLEARWATER, FL 33765  |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |                                 | 3. Mailing Address<br>Suite, Apt. #, etc. |   | <br><br>02092005    Chg-LP    CR2E003 (10/03) |  |
| City & State  |                                 | City & State                              |   |  |  |
| Zip   |                                 | Zip                                       |   |  |  |
| Country   |                                 | Country                                   |   |  |  |
| 4. FEI Number<br>59-3155566   |                                 |   |   | <input type="checkbox"/> Applied For<br><input checked="" type="checkbox"/> Not Applicable                                       |  |
| 5. Certificate of Status Desired  |                                 |   |   | <input type="checkbox"/> \$8.75 Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent<br><br>KLEIN, MARK S<br>2040 NE COACHMAN ROAD<br>CLEARWATER, FL 33765   |                                 |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |                                 |   |   |  |  |
| 9. Capital Contributions as Shown on record.  |                                 | \$970,000.00                              |   | 10. Amount of Capital Contributions in FLORIDA to date.  |  |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>   |                                 |   |   |  |  |
| 12. GENERAL PARTNER INFORMATION   |                                 |   | 13. ADDRESS CHANGES ONLY  |  |  |
| DOCUMENT #  | S61225                          |   | STREET ADDRESS  |  |  |
| NAME  | BAY REAL ESTATE INVESTORS CORP. |   | CITY - ST - ZIP   |  |  |
| STREET ADDRESS  | 2040 N.E. COACHMAN ROAD         |   |   |  |  |
| CITY - ST - ZIP   | CLEARWATER, FL 33765            |   |   |  |  |
|   |                                 |   |   |  |  |
| DOCUMENT #  |                                 |   | STREET ADDRESS  |  |  |
| NAME  |                                 |   | CITY - ST - ZIP   |  |  |
| STREET ADDRESS  |                                 |   |   |  |  |
| CITY - ST - ZIP   |                                 |   |   |  |  |
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| DOCUMENT #  |                                 |   | STREET ADDRESS  |  |  |
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| STREET ADDRESS  |                                 |   |   |  |  |
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| DOCUMENT #  |                                 |   | STREET ADDRESS  |  |  |
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| STREET ADDRESS  |                                 |   |   |  |  |
| CITY - ST - ZIP   |                                 |   |   |  |  |
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| DOCUMENT #  |                                 |   | STREET ADDRESS  |  |  |
| NAME  |                                 |   | CITY - ST - ZIP   |  |  |
| STREET ADDRESS  |                                 |   |   |  |  |
| CITY - ST - ZIP   |                                 |   |   |  |  |

STAPLE CHECK HERE

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(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:** 

MARK S. Klein President 3/21/05 727-441-1957

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #