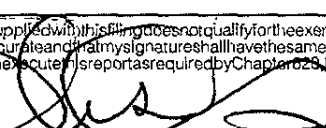


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT# A00000000092			
1. Entity Name PINE RIDGE HOUSING LIMITED PARTNERSHIP			
Principal Place of Business 4239 NORTHLAKE BOULEVARD, SUITE D PALM BEACH GARDENS, FL 33410		Mailing Address 4239 NORTHLAKE BOULEVARD, SUITE D PALM BEACH GARDENS, FL 33410	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
03292005		Chg-LP CR2E003(10/03)	
4. FE Number 65-0897647		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CROSSEN, JOSEPH F 4239 NORTHLAKE BOULEVARD, SUITE D PALM BEACH GARDENS, FL 33410		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, 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. \$500.00		10. Amount of Capital Contributions in FLORIDA to date	
AGENERAL 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#	NAME	STREET ADDRESS	
NAME	COMPLETE PROPERTY DEVELOPMENT CORP.	CITY - ST - ZIP	
STREET ADDRESS	4239 NORTHLAKE BOULEVARD, SUITE D		
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33410		
DOCUMENT#	NAME	STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT#	NAME	STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT#	NAME	STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT#	NAME	STREET ADDRESS	
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)(f), 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 the receiver or trustee is empowered to execute this report as required by Chapter 629, Florida Statutes.			
SIGNATURE: 		4/14/05 561-626-2718	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

STAPLE CHECK HERE