

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

**FILED**  
**May 06, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # A00000000250**

1. Entity Name  
**GRAND PINES, LTD.**



Principal Place of Business  
**65 LEWIS BLVD.  
ST. AUGUSTINE, FL 32084**

Mailing Address  
**65 LEWIS BLVD.  
ST. AUGUSTINE, FL 32084**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04192005 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number  
**59-3627029**

Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**B&C CORPORATE SERVICES OF CENTRAL FLORIDA  
390 NORTH ORANGE AVE.  
SUITE 1100  
ORLANDO, FL 32801**

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

Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions as Shown on record. **\$3,879,562.00**

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 # **P00000008594**  
NAME **GRAND PINES INC.**  
STREET ADDRESS **65 LEWIS BLVD.**  
CITY-ST-ZIP **ST. AUGUSTINE, FL 32084**

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT # **K07812**  
NAME **RIVERSIDE BUILDERS OF PUTNAM COUNTY, INC.**  
STREET ADDRESS **HIGHWAY 19 N. & W. TOWLES AVE RT 6 BOX 884**  
CITY-ST-ZIP **PALATKA, FL 32177**

STREET ADDRESS  
CITY-ST-ZIP

**1000000363636**  
**05/05/05-80007-006 526.25**

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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:

*[Signature]*

**Boy Campbell**

**4-19-05 (904) 825-1913**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE