

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Apr 21, 2006 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**



04122006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3627029**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2006, Fee will be \$900.00**

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

DOCUMENT # **K07812**  
NAME **RIVERSIDE BUILDERS OF PUTNAM COUNTY, INC.**  
STREET ADDRESS **HIGHWAY 19 N. & W. TOWLES AVE RT 8 BOX 884**  
CITY-ST-ZIP **PALATKA, FL 32177**

DOCUMENT #  
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CITY-ST-ZIP

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**000000524658  
05/03/06-80121-013 500.00**

**DO NOT WRITE  
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**Ray Campbell 4-17-06 (904) 377-5000**

STAPLE CHECK HERE