


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 22 AM 10:40

DOCUMENT # A00000000250 1. Entity Name GRAND PINES, LTD.	
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Principal Place of Business 65 LEWIS BLVD. ST. AUGUSTINE, FL 32084	Mailing Address 65 LEWIS BLVD. ST. AUGUSTINE, FL 32084
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip



04142008 Chg-LP CR2E003 (12/06)

4. FEI Number 59-3627029	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent B&C CORPORATE SERVICES OF CENTRAL FLORIDA 390 NORTH ORANGE AVE. SUITE 1100 ORLANDO, FL 32801
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7. Name and Address of New Registered Agent	
Name <i>Roy Campbell</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>65 Lewis Blvd.</i>	
City <i>St. Augustine</i>	FL Zip Code <i>32084</i>

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 <i>Roy Campbell</i>	DATE <i>4/14/08</i>

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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	13. ADDRESS CHANGES ONLY
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
P00000008594 GRAND PINES INC. 65 LEWIS BLVD. ST. AUGUSTINE, FL 32084	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
K07812 RIVERSIDE BUILDERS OF PUTNAM COUNTY, INC. HIGHWAY 19 N. & W. TOWLES AVE RT 6 BOX 884 PALATKA, FL 32177	400125021974 04/22/08--01016--024 **500.00
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STAPLE CHECK HERE

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: <i>Roy E. Campbell</i>	DATE: <i>4/14/08</i> DAYTIME PHONE: <i>904 377 5000</i>