

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 MAR 17 AM 8:43

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJB



03152004 Chg-LP CR2E003 (10/03)

3/17

DOCUMENT # A03000001513

1. Entity Name
PINE RIDGE HOMES LIMITED



Principal Place of Business
5415 WEST CORRAL PLACE
BEVERLY HILLS, FL 34465

Mailing Address
5415 WEST CORRAL PLACE
BEVERLY HILLS, FL 34465

2. Principal Place of Business
P.O. Box 640926

3. Mailing Address
P.O. Box 640926

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Beverly Hills, FL

City & State
Beverly Hills, FL

4. FEI Number
41-2118356

Applied For
Not Applicable

Zip
34464

Country
US

Zip
34464

Country
U.S.

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

LOVRIC, JOSIP
5415 WEST CORRAL PLACE
BEVERLY HILLS, FL 34465

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. \$7,200.00

10. Amount of Capital Contributions
in FLORIDA to date. \$1,000.00

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 # P03000062510
NAME SELSEN, INC.
STREET ADDRESS 5415 WEST CORRAL PLACE
CITY-ST-ZIP BEVERLY HILLS, FL 34465

STREET ADDRESS P.O. Box 640926
CITY-ST-ZIP Beverly Hills, FL 34464

DOCUMENT # ~~927-24-7972~~
NAME ~~Michaela Jung~~
STREET ADDRESS ~~P.O. Box 640926~~
CITY-ST-ZIP ~~Beverly Hills, FL 34464~~

STREET ADDRESS ~~300031855993~~
CITY-ST-ZIP ~~04/06/04--01014--011 **141.25~~

DOCUMENT # ~~927-25-8958~~
NAME ~~Michaela Jung~~
STREET ADDRESS ~~P.O. Box 640926~~
CITY-ST-ZIP ~~Beverly Hills, FL 34464~~

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
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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)(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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

POA H. Mar, 04
Date

Daytime Phone #

STAPLE CHECK HERE