

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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

05 FEB 28 AM 11:41

**DOCUMENT # A04000000167**

1. Entity Name  
 PNP INVESTMENTS, LLLP



Principal Place of Business: 6200 S.W. 120TH STREET  
 PINECREST, FL 33156

Mailing Address: 6200 S.W. 120TH STREET  
 PINECREST, FL 33156

2. Principal Place of Business

3. Mailing Address  
 1500 San Remo Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 125

City & State

City & State

Coral Gables FL

Zip

Country

Zip 33146

Country

USA

02182005 Chg-LP CR2E003 (10/03)

4. FEI Number

Applied For

Not Applicable

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

ATRIUM REGISTERED AGENTS, INC.  
 1500 SAN REMO AVENUE, SUITE 125  
 CORAL GABLES, FL 33146

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: \$10,000,000.00

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 #

NAME

PARENT, DOUGLAS R

STREET ADDRESS

6200 S.W. 120TH STREET

CITY-ST-ZIP

PINECREST, FL 33156

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

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NAME

STREET ADDRESS

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)(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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

2/18/05

STAPLE CHECK HERE