


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 APR -6 PM 4:37

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # A04000000611	
1. Entity Name PIONEER PARTNERS #10, LTD.	

Principal Place of Business 14618 N. DALE MABRY HWY. TAMPA, FL 33761	Mailing Address 29296 U.S. HIGHWAY 19 N., SUITE 104 CLEARWATER, FL 33761
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



03142005 Chg-LP CR2E003 (10/03)

4. FEI Number 90-0161567	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RIOS, JAN 29296 US HIGHWAY 19 N., SUITE 104 CLEARWATER, FL 33761	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$12,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 # J89150	NAME PIONEER TITLE, INC.	STREET ADDRESS	
STREET ADDRESS 29296 U.S. HWY. 19 NORTH, SUITE 104		CITY-ST-ZIP	
CITY-ST-ZIP CLEARWATER, FL 33761		STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
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		CITY-ST-ZIP	

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04/28/05--01004--017 **172.75

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: 	DATE: MARCH 14 2005	DAYTIME PHONE: (727) 7875800
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		

STAPLE CHECK HERE