

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # A04000001321

1. Entity Name
PINE CONE INVESTMENTS, LLLP



Principal Place of Business
**5048 C.R. 466A
WILDWOOD, FL 34785**

Mailing Address
**5048 C.R. 466A
WILDWOOD, FL 34785**



02142006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1888300	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

**BEAUMONT, R. PENROSE
5048 C.R. 466A
WILDWOOD, FL 34785**

**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 #	
NAME	PENROSE BEAUMONT, RAYMOND TRUSTEE
STREET ADDRESS	5048 C.R. 466A
CITY - ST - ZIP	WILDWOOD, FL 34785

DOCUMENT #	
NAME	BEAUMONT, JUNE B TRUSTEE
STREET ADDRESS	5048 C.R. 466A
CITY - ST - ZIP	WILDWOOD, FL 34785

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CITY - ST - ZIP	

1100000514728
04/29/06-80181-025 500.00

**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 #

4-12-06

STAPLE CHECK HERE