

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 MAY 15 PM 3:00

**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



02042008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-1888300

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$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, 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

DOCUMENT #  
NAME *BEAUMONT, RAYMOND PENROSE*  
STREET ADDRESS *PENROSE BEAUMONT, RAYMOND TRUSTEE*  
CITY-ST-ZIP 5048 C.R. 466A  
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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100129602811  
05/15/08--01031--016 \*\*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 #

STAPLE CHECK HERE