



**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 06 FEB -8 AM 10:44

<b>DOCUMENT # A05000000216</b> 1. Entity Name THE PINTO LIMITED PARTNERSHIP	
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Principal Place of Business 1269 FOXRIDGE PLACE MELBOURNE, FL 32940	Mailing Address 1269 FOXRIDGE PLACE MELBOURNE, FL 32940
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	01242006 Chg-LP CR2E003 (11/05)
City & State	City & State	4. FEI Number
Zip	Country	Applied For Not Applicable

6. Name and Address of Current Registered Agent  SHAMS, MAURICE 111 N. ORANGE AVE., SUITE 1200 ORLANDO, FL 32801	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>
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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

**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	13. ADDRESS CHANGES ONLY
DOCUMENT # L05000008768 NAME PINTO MANAGEMENT, LLC STREET ADDRESS 1269 FOXRIDGE PLACE CITY-ST-ZIP MELBOURNE, FL 32940	STREET ADDRESS CITY-ST-ZIP <div style="text-align: center; font-size: 1.2em;">                     300065853083                      02/14/06--01056--005 **\$500.00                 </div>
DOCUMENT #	STREET ADDRESS
NAME	CITY-ST-ZIP
STREET ADDRESS	
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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 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:** \_\_\_\_\_ **01-26-06 321-960 6925**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE