

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

DOCUMENT # A05804

1. Entity Name

PINE FOREST, LTD.



FILED

04 APR 29 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E003 (11/03)

Principal Place of Business

20721 S.W. 46TH AVE.
NEWBERRY FL 32669

Mailing Address

20721 S.W. 46TH AVE.
NEWBERRY FL 32669

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1896675

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, RONNIE C.
20721 S.W. 46TH AVE.
NEWBERRY FL 32669

7. Name and Address of New Registered Agent

Name

Street A

Susan Adams
Hallmark Group Services of Florida, LLC
4040 Newberry Road, Suite 1000

City

Gainesville, FL 32607

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

Susan Adams

Signature, typed or printed name of registered agent and title if applicable.

DATE

3/29/04

9. Capital Contributions
as Shown on record.

\$73,100.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**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 # 484037
NAME DAVIS PROPERTY MGMT. INC
STREET ADDRESS RT. 1 BOX 318
CITY-ST-ZIP NEWBERRY FL

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

500036062615
05/11/04--01067--012 **535.00

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

1658

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

Walter W. Dan

Date

Daytime Phone #

4-1204 352 472-3952

STAPLE CHECK HERE