


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

<b>DOCUMENT # A05804</b> 1. Entity Name <b>PINE FOREST, LTD.</b>	
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR 11 AM 10:47

Principal Place of Business <b>20721 S.W. 46TH AVE. NEWBERRY FL 32669</b>	Mailing Address <b>20721 S.W. 46TH AVE. NEWBERRY FL 32669</b>
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2. Principal Place of Business <b>3111 Paces Mill Rd Suite A250 Atlanta, Ga Zip 30339 Country Cobb</b>	3. Mailing Address <b>3111 Paces Mill Rd Suite A250 Atlanta, Ga Zip 30339 Country Cobb</b>
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1ST MOORE CR2E003 (10/04)

4. FEI Number <b>59-1896675</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>ADAMS, SUSAN HALLMARK GROUP SERVICES OF FLORIDA LLC 4040 NEWBERRY ROAD., SUITE 1000 GAINESVILLE FL 32607</b>
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. <b>\$73,100.00</b>	10. Amount of Capital Contributions in FLORIDA to date.
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**11. FILE NOW!!! Due by May 1, 2005.  
See Block 11 instructions for fee info.**

**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 STREET ADDRESS CITY - ST - ZIP	<b>484037 DAVIS PROPERTY MGMT. INC RT. 1 BOX 318 NEWBERRY FL</b>
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY - ST - ZIP	<b>600048862836 03/22/05 01041 023 **535.00</b>
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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

<b>SIGNATURE:</b>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	<b>3/5/05</b> Date Daytime Phone #
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STAPLE CHECK HERE