2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED Feb 08, 2005 08:00 AM Secretary of State

1. Entity Nam	MENT # A21944 PNT BUILDING PARTNERSH	HIP, LTD.		
Principal Place 130 N. VIRGI P.O. BOX 17: QUINCY, FL	NIA ST. — 39 —	Mailing Address 130 N. VIRGINIA ST. P.O. BOX 1739 QUINCY, FL 32353		
2. Principal P	ace of Business	3. Mailing Address	<u> </u>	
Suite, Apt. #, etc.		Suite, Apt #, etc.		01282005 Chg-LP CR2E003 (10/03)
City & State		City & State		4. FEI Number Applied For 59-2633779 Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current R	egistered Agent	Name	7. Name and Address of New Registered Agent
HIGDON, JOSEPH W. 130 N. VIRGINIA ST. – QUINCY, FL 32351 _				(P.O. Box Number is Not Acceptable)
			City	FL Zip Code
				ered agent, or both, in the State of Florida. I am familiar with, and ac
SIGNATURE .	ons of registered agent. Signatura, typod or printed name of registered agent or natributions -\$480,000.00	d the π applicable 10. Amount of Capital in FLORIDA to date		DATE
	NOTE: General Partners MA)	NOT be changed on the	ITY MUST BE REGIS form; an amendme	STERED AND ACTIVE WITH THIS OFFICE. ent must be filed to change a general partner.
12,	GÊNERAL PARTNER	INFORMATION	13.	ADDRÉSS CHANGES ONLY
DOCUMENT # NAME STREET ADDRESS	HIGDON, JOSEPH W., JR. 130 N. VIRGINIA STREET	· · · —	STREET ADDRESS CITY-ST-ZIP	
CITY-ST-ZIP DOCUMENT #	QUINCY, FL		STREET ADDRESS	Hannaana
NAME STREET ADDRESS - CITY-ST-ZIP			CITY-ST-ZIP	02708705-80050-007 526.2
DOCUMENT # NAME			STREET ADDRESS	
STREET ADDRESS CITY -ST - ZIP			CITY-ST-ZIP	
DOCUMENT # NAME			STREET ADDRESS	
STREET ADDRESS			CITY-ST-ZIP	
DOCUMENT I NAME STREET ADDRESS			STREET ADDRESS	
			CITY+ST-ZIP	
DOCUMENT # NAME STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP	
14. I hereby of indicated	ertify that the information supplied with to on this report is true and accurate and it	his filing does not qualify for the		Section 119.07(3)(i), Florida Statutes. I further certify that the informal made under oath: that I am a General Partner of the limited partners
the receiv	URE: Juleh W	2. Aug V		2/1/05
1 SIGITAL	SIGNATURE AND TYPED OR E	RINTED NAME OF SIGNING GENERAL	BADTMED	Date Daytime Phone *