


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

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|---|--|---|--|--|--|
| DOCUMENT # A25172 1. Entity Name PINE TERRACE III LTD. | | | |  | |
| 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 Suite, Apt. #, etc. City & State Zip Country | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | | |
| 4. FEI Number 59-2832557 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent DAVIS, NORITA V. 20721 S.W. 46TH AVE. NEWBERRY FL 32669 | | | 7. Name and Address of New Registered Agent Name _____ Street Addr Susan Adams Hallmark Group Services of Florida, LLC 4040 Newberry Road, Suite 1000 Gainesville, FL 32607 City _____ 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 <u><i>Susan Adams</i></u> DATE <u>3/29/04</u> | | | | | |
| 9. Capital Contributions as Shown on record. \$129,500.00 | | 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 | | | 13. ADDRESS CHANGES ONLY | | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DAVIS, NORITA V. 20721 SW 46TH AVE. NEWBERRY FL 32669 | | | STREET ADDRESS CITY-ST-ZIP | | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRESS CITY-ST-ZIP 300036062633 05/11/04--01067--013 **535.00 | | |
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| 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: <u><i>Norita V. Davis</i></u> 4-12-04 352 472-3952 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone # | | | | | |

FILED

04 APR 29 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E003 (11/03)

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