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

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

## FILED Feb 28, 2005 08:00 AN DOCUMENT # A31333 **Secretary of State** 1. Entity Name PINEBROOK SOUTH, LTD. Mailing Address Principal Place of Business 2801 FLORIDA AVE 2801 FLORIDA AVE SUITE 12 COCONUT GROVE FL 33133 COCONUT GROVE FL 33133 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc CR2E003 (10/04) 1ST MOORE City & State City & State 4. FEI Number Applied For 65-0251355 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHRAM, RONALD Y. Street Address (P.O. Box Number is Not Acceptable) 2801 FLÖRIDA AVE SUITE 12 COCONUT GROVE FL 33133 City Zip 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. 11, FILE NOW!!! Due by May 1, 2005. SIGNATURE Signalure, typed of printed name of registered agent and trie-if applicable See Block 11 instructions for fee info. 10. Amount of Capital Contributions 9. Capital Contributions \$1,000,000.00 ,000,000 . in FLORIDA to date. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. DOCUMENT # P96000084509 STREET ADDRESS F&R PINEBROOK CORP NAME 960000745644 (62798765-80074-007 535.00 STREET ADDRESS 2801 FLORIDA AVE - SUITE 12 CITY-ST-ZIP CITY-ST-ZIP COCONUT GROVE FL 33133 DOCUMENT# STREET ADDRESS STREET ADDRESS City-S1-209 CdY-SI-7/P DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY OF THE CITY ST-ZIP OOCUMENT # STREET ADDRESS NAME STREET ADDRESS CUY-ST- MP CITY-ST-ZIP DOCUMENT # STREET MODRESS NAME & STREET-ADDRESS CITY-ST-7(P 01Y-\$1-7P DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP DITY STOP 14. Thereby certify that the information scoplied with this filling 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 trating signature shall have the same legal effect as if made under eath, that I am a General Partner of the limited partnership or the receiver or trustee empowered to exemple this report as required by Chapter 620, Florida Statutes