


**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**

**FILED
Mar 19, 2004 08:00 AM
Secretary of State**

DOCUMENT # A31801					
1. Entity Name PINE LAKE SHOPPING CENTER, LTD.					
Principal Place of Business % SHANE SUCHMAN 1550 MADRUGA AVE., STE.230 CORAL GABLES, FL 33146			Mailing Address % SHANE SUCHMAN 1550 MADRUGA AVE., STE.230 CORAL GABLES, FL 33146		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt #, etc.			Suite, Apt. #, etc		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SHANE, MARTIN H 1550 MADRUGA AVENUE SUITE 230 CORAL GABLES, FL 33146				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
4. FEI Number 59-2249059 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$2,300,533.20			10. Amount of Capital Contributions 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.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	S50802		STREET ADDRESS		
NAME	PINE LAKE, INC.		CITY-ST-ZIP		
STREET ADDRESS	1550 MADRUGA AVENUE				
CITY-ST-ZIP	CORAL GABLES, FL 33146				
DOCUMENT #			STREET ADDRESS	U00000097150	
NAME			CITY-ST-ZIP	03726704-80027-019 526.25	
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STREET ADDRESS					
CITY-ST-ZIP					
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: <i>Peter A. Roberts, ST</i>			PETER A. ROBERTS		3/10/04
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date</small>		<small>Daytime Phone #</small>



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