


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 09, 2005 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
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

03142005 Chg-LP CR2E003 (10/03)

4. FEI Number
 59-2249059

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SHANE, MARTIN H
 1550 MADRUGA AVENUE
 SUITE 230
 CORAL GABLES, FL 33146

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

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	UD00000294972
NAME		CITY - ST - ZIP	04/09/05-80007-015 526.25
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CITY - ST - ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Peter A. Roberts* 03/29/05 305-667-6461

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

PETER A. ROBERTS