


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

| | | |
|--------------------------------------|--|---|
| DOCUMENT # A32517 | |  |
| 1. Entity Name PINES RESORT, LTD. | | |

FILED

04 JUN -4 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|---|--|
| Principal Place of Business 1894 SOUTH PATRICK DRIVE INDIAN HARBOUR BEACH, FL 32937 | Mailing Address 215 NORTH EOLA DRIVE ORLANDO, FL 32801 |
|---|--|



| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

02042004 Chg-LP CR2E003 (10/03)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 59-3208889 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HEEKIN, JAMES F., JR., ESQ.
215 N. EOLA DR.
ORLANDO, FL 32809-2809

| | |
|--|-------------|
| 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. \$2,250,000.00 | 10. Amount of Capital Contributions in FLORIDA to date. 0 |
|---|---|

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 # | S05899 | STREET ADDRESS | |
| NAME | PINES RESORT U.S.A., INC. | CITY-ST-ZIP | |
| STREET ADDRESS | 1894 S. PATRICK DRIVE | | |
| CITY-ST-ZIP | INDIAN HRBR BEACH, FL | | |
| DOCUMENT # | | STREET ADDRESS | 700037730027 |
| NAME | | CITY-ST-ZIP | 06/07/04--01066--008 **141.25 |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
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| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

12 April 04 403 2678373

Date Daytime Phone #

JAMES H. Coleman

STAPLE CHECK HERE