


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED

2005 APR 12 AM 9:33

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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



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
 Suite, Apt. #, etc.

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

01282005 Chg-LP CR2E003 (10/03)

City & State

4. FEI Number
 59-3208889

Applied For
 Not Applicable

City & State

Zip Country

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

6. Name and Address of Current Registered Agent
 HEEKIN, JAMES F., JR., ESQ.
 215 N. EOLA DR.
 ORLANDO, FL 32809-2809

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. \$2,250,000.00

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	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

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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: James H. Coleman Date: 31 March 05 Daytime Phone #: 403 2678222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

JAMES H. COLEMAN

STAPLE CHECK HERE