


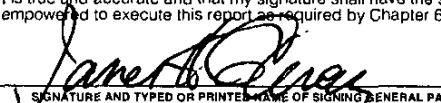
# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## 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			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3208889	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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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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: 			31 March 05 403 2678222		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER JAMES H. COLEMAN			Date Daytime Phone #		

STAPLE CHECK HERE