FILED
Mar 03, 2006 08:00 AM
Secretary of State

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

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.

City & State

Zip | Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip | Country

01132006 Chg-LP CR2E003 (11/05)

4. FEI Number
59-3208869
☐ Applied For
☐ Not Applicable

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 ______________________
Signature, typed or printed name of registered agent and title if applicable — DATE

FILE NOW!!! FEE IS $500.00
After May 1, 2006, Fee will be $900.00

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.),INC.		
STREET ADDRESS	1894 S. PATRICK DRIVE	CITY-ST-ZIP	100000454376
CITY-ST-ZIP	INDIAN HRBR BEACH, FL		03/15/06--00014--004 500.00
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

PINES RESORT (U.S.), INC

SIGNATURE: [signature] 2/17/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #