

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

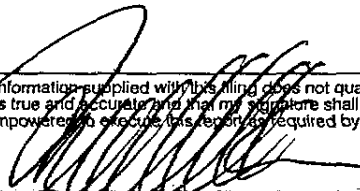
FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # A92000000189 1. Entity Name PINELLAS REAL INCOME COALITION, LTD.					
Principal Place of Business 25400 US 19 NORTH, SUITE 206 CLEARWATER, FL 33763			Mailing Address 2040 N.E. COACHMAN ROAD CLEARWATER, FL 33765		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 02092005 Chg-LP CR2E003 (10/03)	
City & State		City & State			
Zip		Zip			
Country		Country			
4. FEI Number 59-3155566				☐ Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent KLEIN, MARK S 2040 NE COACHMAN ROAD CLEARWATER, FL 33765			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. \$970,000.00		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 #	S61225		STREET ADDRESS		
NAME	BAY REAL ESTATE INVESTORS CORP.		CITY - ST - ZIP		
STREET ADDRESS	2040 N.E. COACHMAN ROAD				
CITY - ST - ZIP	CLEARWATER, FL 33765				
DOCUMENT #			STREET ADDRESS		
NAME			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 110.07(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: 

MARK S. Klein President 3/31/05 727-441-1957

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #