## **2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006**

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## SECRETARY OF STATE DIVISION OF CORPORATIONS DOGUMENT #A9200000189 PINELLAS REAL INCOME COALITION, LTD. 06 MAR 17 AM 10: 21 Principal Place of Business Mailing Address 25400 US 19 NORTH, SUITE 206 2040 N.E. COACHMAN ROAD CLEARWATER, FL 33763 CLEARWATER, FL 33765 2. Principal Place of Business 3. Mailing Address 1744 N. Belcher Road Suite, Apt. #, etc. Suite, Apt. #, etc. 01232006 Chg-LP CR2E003 (11/05) City & State City & State 4. FEI Number Applied For Clearwater, FL 59-3155566 Not Applicable Zip Country 33765 Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KLEIN, MARK S 2040 NE COACHMAN ROAD Street Address (P.O. Box Number is Not Acceptable) CLEARWATER, FL 33765 City 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 tale 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 S61225 DOCUMENT # STREET ADDRESS MARKE BAY REAL ESTATE INVESTORS CORP. STREET ADDRESS 2040 N.E. COACHMAN ROAD CITY-ST-7IP CITY-ST-ZIP CLEARWATER, FL 33765 DOCUMENT# STREET ADDRESS NAME <u> 100069074881</u> 03/31/06--01003--023 \*\*5 STREET ADDRESS \*\*500.00 CITY-ST-ZIP CITY-ST-ZIP DOCUMENT A STREET ADDRESS NAME STREET ADDRESS COY-ST-7P CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP DOCUMENT# STREET ADORESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied indicated on this report is true and accur or the receiver or trystee empowered to ualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information rijave the same legal effect as if made under oath; that I am a General Partner of the limited partnership by Chapter 620, Florida Statutes SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

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