


# FILED

## 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

2007 MAR 19 AM 9:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 1744 N BELCHER ROAD CLEARWATER, FL 33765
---	--

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
--	--------------------

Suite, Apt #, etc	Suite, Apt # etc
-------------------	------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------



03022007 Chg-LP CR2E003 (12/06)

4. FEI Number 59-3155566	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		7. Name and Address of New Registered Agent	
KLEIN, MARK S 2040 NE COACHMAN ROAD CLEARWATER, FL 33765		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
-----------	------

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, 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 # NAME STREET ADDRESS CITY-ST-ZIP	S61225 BAY REAL ESTATE INVESTORS CORP. 2040 N.E. COACHMAN ROAD CLEARWATER, FL 33765	STREET ADDRESS CITY-ST-ZIP	1744 N. BELCHER RD Suite 200 CLEARWATER, FL 33765
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	

700095168357  
03/28/07--01033--024 \*\*500.00

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

SIGNATURE: 	3/6/07 727-441-1951
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date Daytime Phone #