

**FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION  
AND \$500 PENALTY FEE**

FILED

97 FEB 24 PM 2: 35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership  <b>PINESTONE LTD.</b>	1a. DOCUMENT # <b>A94000001749</b> <i>97-AR CM</i>
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Mailing Address 435 - 10TH AVENUE WEST PALMETTO FL 34221	Principal Office Address 435 - 10TH AVENUE WEST PALMETTO FL 34221	3. Date Formed or Registered <b>12/16/1994</b>	5a. Capital Contributions as Shown on record. <b>\$3,300,000.00</b>
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report <b>12/04/1995</b>	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation <b>FL</b>	
City & State	City & State	6. FEI Number <b>65-0546760</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip Country	Zip Country	7. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
8. Make check payable to: Dept. of State (See reverse side for fee information)			

9. Name and Address of Current Registered Agent

**MAPES, REED W**  
 435 - 10TH AVENUE WEST  
 PALMETTO FL 34221

10. If changed, new Registered Agent/Office

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 Suite, Apt. #, etc. \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) \_\_\_\_\_ DATE \_\_\_\_\_

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
SUNNYLEA CORPORATION	435 - 10TH AVENUE WES	PALMETTO FL 34221	P94000088860
SARCON CORPORATION	435 - 10TH AVENUE WES	PALMETTO FL 34221	P94000088824
RWM PINESTONE, INC.	435 - 10TH AVENUE WES	PALMETTO FL 34221	P95000009298

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**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE **2/10/97**

Typed or Printed Name of General Partner Signing Form **REED MAPES** Daytime Telephone Number **941-722-3267**

CR2E003 (11/96)