

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 DEC 18 PM 3:43

1. Name of Limited Partnership

1a. DOCUMENT #
A94000001822

PINE TREE CENTER LIMITED PARTNERSHIP



12/29

Mailing Address P.O. BOX 420 PINELAND FL 33945		Principal Office Address 7101 CAPRI LANE PINELAND FL 33945		3. Date Formed or Registered 12/28/1994	5a. Capital Contributions as Shown on record. \$66,000.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 12/18/1997	5b. Amount of Capital Contributions in FLORIDA to date: \$66,000.00
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	6. FEI Number 65-0626932 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State		City & State		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country		Zip Country		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent ANDRESS, NOEL 7101 CAPRI LANE PINELAND FL 33945	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City
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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) ANDRESS, NOEL KRONBERG, JOHN	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 7101 CAPRI LANE 2096 MACADAMIA STREET	11b. City, State & Zip Code PINELAND FL 33945 ST. JAMES CITY FL 339	11c. Registration/Document Number
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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

Noel Andress

DATE 12/14/98

Typed or Printed Name of General Partner Signing Form

Noel Andress

Daytime Telephone Number (941) 283-1717

CR2E003 (8/98)