


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # A94000001822 1. Entity Name PINE TREE CENTER LIMITED PARTNERSHIP					
Principal Place of Business 7101 CAPRI LANE PINELAND, FL 33945			Mailing Address P.O. BOX 420 PINELAND, FL 33945		
2. Principal Place of Business Suite, Apt #, etc			3. Mailing Address Suite, Apt #, etc		
City & State			City & State		
Zip		Country		Zip	
Country		Country		40072004 Chg-LP CR2E003 (10/03)	
4. FEI Number 65-0626932				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANDRESS, NOEL 7101 CAPRI LANE PINELAND, FL 33945				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record \$66,000.00			10. Amount of Capital Contributions in FLORIDA to date \$526.25		
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 #	A02000001559		STREET ADDRESS		
NAME	ANDRESS FAMILY FLORIDA LIMITED PARTNERSHIP		CITY-ST-ZIP		
STREET ADDRESS	P.O. BOX 1407				
CITY-ST-ZIP	FINDLAY, OH 45839				
DOCUMENT #			STREET ADDRESS		
NAME	KRONBERG, C. JOHN		CITY-ST-ZIP		
STREET ADDRESS	P.O. BOX 420				
CITY-ST-ZIP	PINELAND, FL 33945				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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 05/06/04-20045-002 526.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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: Noel Andress 4/7/04 (239)283-1717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE