


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

DOCUMENT # A9500000745

1. Entity Name
PINELANDS AIRPORT CENTER, LTD.



FILED

04 MAY 27 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E003 (11/03)

Principal Place of Business Mailing Address
5414 NW 72ND AVE **5414 NW 72ND AVE**
MIAMI FL 33166 **MIAMI FL 33166**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0588289** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FELLMAN, SETH H
5414 NW 72ND AVE
MIAMI FL 33166

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 _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. **\$173,745.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO FL DEPT OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

**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

DOCUMENT #	P95000032093
NAME	P.A.C. DEVELOPMENT CORPORATION
STREET ADDRESS	THREE GROVE ISLE DRIVE, NO. 510
CITY-ST-ZIP	MIAMI FL 33133
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	900037812849
CITY-ST-ZIP	06/09/04--01068--014 **437.50
STREET ADDRESS	900037812849
CITY-ST-ZIP	06/09/04--01068--015 **88.75
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ **Seth Fellman** _____ **4/20/04** _____ **351-804-5866**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE