


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By September 7, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 AUG -1 AM 9:01

<b>DOCUMENT # A9500000745</b> 1. Entity Name <b>PINELANDS AIRPORT CENTER, LTD.</b>					
Principal Place of Business <b>5414 NW 72ND AVE MIAMI, FL 33166</b>		Mailing Address <b>5414 NW 72ND AVE MIAMI, FL 33166</b>			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>06292005 Chg-LP CR2E003 (10/03)</b>	
.Zip . . . . . Country . . . . .		Zip Country		Applied For <input type="checkbox"/> Not Applicable	
.Zip . . . . . Country . . . . .		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>FELLMAN, SETH H 5414 NW 72ND AVE MIAMI, FL 33166</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE _____	
9. Capital Contributions as Shown on record. <b>\$173,745.00</b>		10. Amount of Capital Contributions in FLORIDA to date.		In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	P95000032093		STREET ADDRESS		
NAME	P.A.C. DEVELOPMENT CORPORATION		CITY-ST-ZIP		
STREET ADDRESS	THREE GROVE ISLE DRIVE, NO. 510		CITY-ST-ZIP		
CITY-ST-ZIP	MIAMI, FL 33133		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			CITY-ST-ZIP	<b>400058381524</b> <small>08/09/05 01006 004 **352.50</small>	
CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			CITY-ST-ZIP	<b>400058381524</b> <small>08/09/05--01006--005 **173.75</small>	
CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			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					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date: <b>6/28/05</b>		Daytime Phone #: <b>306-884-5366</b>

STAPLE CHECK HERE