

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # A96000000188					
1. Entity Name IS IV PINECREST ASSOCIATES, LTD.					
Principal Place of Business 1800 VALLEY VIEW DALLAS, TX 75234			Mailing Address 1800 VALLEY VIEW DALLAS, TX 75234		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc		Suite, Apt #, etc		04072005 Chg-LP CR2E003 (10/03)	
City & State		City & State		4. FEI Number 59-3348973	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> <small>DATE</small> _____					
9. Capital Contributions as Shown on record \$990.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 # F98000002297	NAME ART FLORIDA PARTNERS I, INC.		STREET ADDRESS		
STREET ADDRESS 1800 VALLEY VIEW	CITY - ST - ZIP DALLAS, TX 75234		CITY - ST - ZIP		
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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: <i>Sara D. Frederick</i> <i>Sara D. Frederick, Asst. Secy of G.P.</i> 4-7-05 469-522-4368					

STAPLE CHECK HERE