

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 FEB 25 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A96000000250

1. Entity Name
DIM-PINES POWER CENTER LIMITED PARTNERSHIP



Principal Place of Business
**ONE FINANCIAL PLAZA, STE. 2001
FT. LAUDERDALE, FL 33394**

Mailing Address
**ONE FINANCIAL PLAZA, STE. 2001
FT. LAUDERDALE, FL 33394**



01092004 Chg-LP CR2E003 (10/03)

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
65-0632506

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DANE, JAN W
ONE FINANCIAL PLAZA, STE. 2001
FT. LAUDERDALE, FL 33394**

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

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

DATE

9. Capital Contributions
as Shown on record. **\$9,900,000.00**

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 # **P95000086225**
NAME **DIM PINES POWER CENTER, INC.**
STREET ADDRESS **ONE FINANCIAL PLAZA, STE. 2001**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33394**

STREET ADDRESS

CITY-ST-ZIP

000027917880
01/30/04--01022--022 **526.25

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

A.J. Belt III

02-23-2004

Date

Daytime Phone #

**Vice President of
General Partnership**

STAPLE CHECK HERE

954 - 523-2070