


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

**FILED**  
**Mar 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A96000000313</b>			
1. Entity Name <b>PENSACOLA POINTE, LTD.</b>			
Principal Place of Business <b>311 GULF BREEZE PARKWAY GULF BREEZE FL 32561</b>		Mailing Address <b>311 GULF BREEZE PARKWAY GULF BREEZE FL 32561</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1ST MOORE CR2E003 (10/04)

4. FEI Number <b>59-3363869</b>		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 <b>LAPOINTE, DARRYL G 311 GULF BREEZE PARKWAY GULF BREEZE FL 32561</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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. **\$466,667.00**

10. Amount of Capital Contributions in FLORIDA to date.

**11: FILE NOW!!! Due by May 1, 2005.**  
See Block 11 instructions for fee info.

**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 #	<b>LAPOINTE, DARRYL G 311 GULF BREEZE PARKWAY GULF BREEZE FL 32561</b>	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**Darryl G. Lapointe**

**3/6/05**

**850 932 9314**

Date

Daytime Phone

STAPLE CHECK HERE