2005 LIMITED PARTNERSHIP ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# A97000001917

Entity Name: APOLLO PINES FAMILY LIMITED PARTNERSHIP

Current Principal Place of Business:

P.O. BOX 7571
NORTH PORT, FL 34287

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7571
NORTH PORT, FL 34287

New Mailing Address:

FEI Number: 65-0770763 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEMEK, THEODORE J
4724 HANSARD AVE.
NORTH PORT, FL 34287 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Capital Contributions as Shown on record: 100.00
Amount of Capital Contributions in Florida to date: 100.00

GENERAL PARTNER INFORMATION:

Document #:
Name: LEMEK, THEODORE J
Address: 4724 HANSARD AVE.
City-St-Zip: NORTH PORT, FL 34287
Document #:
Name: LEMEK, KATHLEEN A
Address: 4724 HANSARD AVE.
City-St-Zip: NORTH PORT, FL 34287

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: THEODORE J. LEMEK GP 04/29/2005

Electronic Signature of Signing General Partner — Date