

FILED

Feb 03, 2004 08:00 AM

Secretary of State

# 2004 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2004

DOCUMENT # A97000001937

1. Entity Name  
STRONG/PINEHURST PARTNERS, LTD.Principal Place of Business  
1201 SOUTH ORLANDO AVENUE, SUITE 360  
WINTER PARK, FL 32789Mailing Address  
P.O. BOX 276  
WINTER PARK, FL 32790

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

01122004

Chg-LP

CR2E003 (10/03)

4. FEI Number

59-3466604

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

STRONG, DAVID C  
1201 SOUTH ORLANDO AVENUE, SUITE 360  
WINTER PARK, FL 32789

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. \$599.0010. 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 # P97000077472  
NAME STRONG/PINEHURST, INC.  
STREET ADDRESS 1201 SOUTH ORLANDO AVENUE, SUITE 360  
CITY-ST-ZIP WINTER PARK, FL 32789

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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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)(f), 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

1/20/04

409 629-1800

Date

Daytime Phone #

STAPLE CHECK HERE