

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
May 20, 2004 08:00 AM
Secretary of State

DOCUMENT # A98000001253		
1. Entity Name THE PINO FAMILY PARTNERSHIP, LTD.		

Principal Place of Business 255 SOUTH ORANGE AVENUE, SUITE 600 ORLANDO, FL 32801	Mailing Address PO BOX 1511 ORLANDO, FL 32802
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2. Principal Place of Business		3. Mailing Address	
Suite Apt # etc		Suite Apt # etc	
City & State		City & State	
Zip	Country	Zip	Country

	
03122004 Chg-LP	CR2E003 (10/03)
4. FFI Number 59-3512878	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
THE PINO FAMILY CORPORATION 255 SOUTH ORANGE AVENUE, SUITE 600 ORLANDO, FL 32801	

7. Name and Address of New Registered Agent	
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.

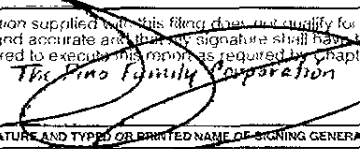
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record \$990.00	10. Amount of Capital Contributions in FLORIDA to date. \$990.00
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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 # NAME STREET ADDRESS CITY- ST- ZIP	P97000107936 THE PINO FAMILY CORPORATION 255 SOUTH ORANGE AVENUE, SUITE 600 ORLANDO, FL 32801	STREET ADDRESS	
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14. I hereby certify that the information supplied on 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: By:  **Laurence J. Pino** 4-19-04 (401) 206-6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER President

STAPLE CHECK HERE