


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90165 032 ***158.75

DOCUMENT # P97000098697	
1. Entity Name PINE GP, INC.	

Principal Place of Business C/O THE GOODMAN COMPANY 777 S FLAGLER DRIVE, STE 1101E WEST PALM BEACH, FL 33401 US	Mailing Address C/O THE GOODMAN COMPANY 777 S FLAGLER DRIVE, STE 1101E WEST PALM BEACH, FL 33401 US
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DO NOT WRITE IN THIS SPACE



01262005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0806332	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SHEWALTER, WILLIAM A 777 S FLAGLER DR SUITE 1101E WEST PALM BEACH, FL 33401	DO NOT WRITE IN THIS SPACE
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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. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SILVESTRI, LAWRENCE A 777 S FLAGLER DR, STE 1101E WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SHEWALTER, WILLIAM A 777 S FLAGLER DR, STE 1101E WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARVIN, DORANNE M 777 S FLAGLER DR, STE 1101E WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **4/30/05** **561-833-3777**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

William A. Shewalter, Vice President