

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **A08957**

1. Entity Name **PINA ISLAND PROPERTIES LTD**



FILED

03 APR -9 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1850 VICTORIA AVE

Suite, Apt. #, etc.

3. Mailing Address

SAME AS #2

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

City & State

FORT MYERS

City & State

4. FEI Number

59-2077648

Applied For

Not Applicable

Zip

33901

Country

LEE

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **PAUL GERMAINE**

Street Address (P.O. Box Number is Not Acceptable)
1850 VICTORIA AVE

City **FORT MYERS**

FL

Zip Code
33901

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 **Paul Germaine**
Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contribution as Shown on record **\$80,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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

DOCUMENT #
NAME **GERMAINE ASSOCIATES REALTY, INC**
STREET ADDRESS **1850 VICTORIA AVE**
CITY - ST - ZIP **FORT MYERS, FL 33901**

STREET ADDRESS

CITY - ST - ZIP

100015554801

DOCUMENT #

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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

Date

Daytime Phone #

CR2E003B (12/02)