

2002 UNIFORM BUSINESS REPORT (UBR)

0016857 AT

DOCUMENT # A95000001166

1. Entity Name
BUSINESS ENTERPRISE OF PINELLAS, LTD.

FILED
02 JAN 30 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business: 53 WEST JACKSON BLVD., SUITE 530 CHICAGO IL 60604
Mailing Address: 53 WEST JACKSON BLVD., SUITE 530 CHICAGO IL 60604

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: Zip Country

DUE BY MAY 1, 2002

4. FEI Number: 36-4045554
Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**CORPORATE SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE FL 32301**

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.

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

9. Capital Contributions as Shown on record: **\$1,683,000.00**
10. Amount of Capital Contributions in FLORIDA to date: _____
11. **MAKE CHECK PAYABLE TO 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 #	P95000044847
NAME	BUSINESS ENTERPRISE OF PINELLAS, INC.
STREET ADDRESS	756 BEACHLAND BOULEVARD
CITY-ST-ZIP	VERO BEACH FL 32963
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	800004881318--4
STREET ADDRESS	02/05/02 01085-001
CITY-ST-ZIP	****535.00 ****535.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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)(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: **FRANCIS R. BENITEZ**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date: _____ Daytime Phone #: **312-928-3792**

CR2E003 (9/01)