

2000 UNIFORM BUSINESS REPORT (UBR)

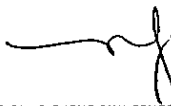
DOCUMENT # A96000001183

1. Entity Name

PEBB ENTERPRISES TAMARAC TOWN SQUARE LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

APR 24 AM 3:05




DO NOT WRITE IN THIS SPACE

Principal Place of Business
1000 CORPORATE DRIVE, SUITE 210
FORT LAUDERDALE FL 33334

Mailing Address
1000 CORPORATE DRIVE, SUITE 210
FORT LAUDERDALE FL 33334-3655

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0675501

Applied For
Not Applicable

Zip Country

Zip Country

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

ROSENBERG, JEFFREY M
1000 CORPORATE DRIVE, SUITE 210
FORT LAUDERDALE FL 33334

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. **\$9,900.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P96000039415**
NAME **PEBB MANAGEMENT COMPANY, INC.**
STREET ADDRESS **1000 CORPORATE DRIVE, SUITE 210**
CITY - ST - ZIP **FORT LAUDERDALE FL 33334**

STREET ADDRESS
CITY - ST - ZIP **300003251223--5**

DOCUMENT #
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CITY - ST - ZIP

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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:  **Jeffrey M. Rosenberg** **4/18/00** **854-771-3305**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)