

# 2001 UNIFORM BUSINESS REPORT (UBR)

0013542 AF

**DOCUMENT # A96000001183**

1. Entity Name

**PEBB ENTERPRISES TAMARAC TOWN SQUARE LTD.**

**FILED**  
01 MAR 12 AM 10:42

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



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

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0675501** Applied For Not Applicable

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

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 #	<b>P96000039415</b>	STREET ADDRESS	<b>790003854477--4</b>
NAME	<b>PEBB MANAGEMENT COMPANY, INC.</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>1000 CORPORATE DRIVE, SUITE 210</b>	STREET ADDRESS	<b>-03/15/01--01078--004</b>
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33334</b>	CITY-ST-ZIP	<b>***158.05 ***158.05</b>
DOCUMENT #		STREET ADDRESS	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: **JEFFREY M. ROSENBERG**  
**SIGNATURE REQUIRED**  
Date: **3/7/01** Daytime Phone #: **954-771-3305**

CR2E003 (11/00)