

2001 UNIFORM BUSINESS REPORT (UBR)

0013840 AF

DOCUMENT # A96000001185

1. Entity Name
PEBB ENTERPRISES UNIVERSITY BANK BUILDING LTD.

FILED

01 MAR 12 AM 10:43

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

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0675503
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 **DATE** 3/7/01
Signature, type 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 # **P96000039415**
NAME **PEBB MANAGEMENT COMPANY, INC.**
STREET ADDRESS **1000 CORPORATE DRIVE, SUITE 210**
CITY-ST-ZIP **FORT LAUDERDALE FL 33334**

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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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/7/01
Date

954-771-3305
Daytime Phone #

CR2E003 (11/00)