

DOCUMENT # A22814

Entity Name

PEMBROKE ASSOCIATES, LTD.

Principal Place of Business

C/O COLLIERS INTERNATIONAL
6360 N.W. 5TH WAY, SUITE 300
FT. LAUDERDALE FL 33309-6128

Mailing Address

C/O COLLIERS INTERNATIONAL
6360 N.W. 5TH WAY, SUITE 300
FT. LAUDERDALE FL 33309-6128

FILED

02 APR 30 PM 4:21

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

1. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

59-2712941

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

Name

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

City

FL

Zip Code

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.

DATE

9. Capital Contributions
as Shown on record.

\$736,000.00

10. Amount of Capital Contributions
in FLORIDA to date.11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATIONA 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.

2. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	G99123900017	STREET ADDRESS	
NAME	EMERSON EQUITIES	CITY-STATE-ZIP	
STREET ADDRESS	ONE EMERSON LANE		
CITY-STATE-ZIP	N. BERGEN NJ		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-STATE-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-STATE-ZIP			

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

Signature Phone #

CRPE-013 (9/01)