

2002 UNIFORM BUSINESS REPORT (UBR)

0003008 AV

DOCUMENT # **A00000000092**

1. Entity Name

PINE RIDGE HOUSING LIMITED PARTNERSHIP

FILED

02 APR 29 AM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**4239 NORTHLAKE BOULEVARD, SUITE D
PALM BEACH GARDENS FL 33410**

Mailing Address
**4239 NORTHLAKE BOULEVARD, SUITE D
PALM BEACH GARDENS FL 33410**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0897647**

Applied For
Not Applicable

DUE BY MAY 1, 2002

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

**CROSSEN, JOSEPH F
4239 NORTHLAKE BOULEVARD, SUITE D
PALM BEACH GARDENS FL 33410**

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. **\$500.00**

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 #	COMPLETE PROPERTY DEVELOPMENT CORP. 4239 NORTHLAKE BOULEVARD, SUITE D PALM BEACH GARDENS FL 33410	STREET ADDRESS	100005481691--2 -05/07/02--01076--001 ****141.25 ****141.25	
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

2/12/02 561-626-2778

Date Daytime Phone #

CR2E003 (9/01)