

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000000816

1. Entity Name

PATHWAY HOUSTON, LTD.

Principal Place of Business

7605 WASHINGTON ROAD  
WEST PALM BEACH FL 33405

Mailing Address

7605 WASHINGTON ROAD  
WEST PALM BEACH FL 33405

FILED

01 MAY 15 PM 4:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

MJH

2. Principal Place of Business

241 Royal Palm Way  
Suite, Apt. #, etc.

3. Mailing Address

241 Royal Palm Way  
Suite, Apt. #, etc.

City & State

Palm Beach, FL

City & State

Palm Beach, FL

4. FEI Number

65-1009047

Applied For

Not Applicable

Zip

33480

Country

USA

Zip

33480

Country

USA

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RAFFERTY, WILLIAM L JR.  
1101 BRICKELL AVENUE, SUITE 1400  
MIAMI FL 33131

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

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.

\$1,000.00

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

DOCUMENT # L00000005437  
NAME PATHWAY REAL ESTATE, LC  
STREET ADDRESS 7605 WASHINGTON ROAD  
CITY-ST-ZIP WEST PALM BEACH FL 33405

13. ADDRESS CHANGES ONLY

STREET ADDRESS 241 Royal Palm Way  
CITY-ST-ZIP Palm Beach, FL 33480

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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

4/24/01

(561) 659-6551

Date

Daytime Phone #

CR2E003 (11/00)