

2001 UNIFORM BUSINESS REPORT (UBR)

0006969 AF

DOCUMENT # **A00000000817**

1. Entity Name

PATHWAY PIG, LTD.

FILED *424/3*

01 MAR 28 AM 8:47

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**7605 WASHINGTON ROAD
WEST PALM BEACH FL 33405**

Mailing Address
**7605 WASHINGTON ROAD
WEST PALM BEACH FL 33405**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1009044

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

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

Name

MR. THEODORE T. TROWE JR.

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

CHERRY + SPENCER, P.A., THE FORUM, SUITE 600

1665 PALM BEACH LAKES BLVD

City

WEST PALM BEACH

FL

Zip Code

33401

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/22/01

9. Capital Contributions as Shown on record.

\$1,000.00

10. Amount of Capital Contributions in FLORIDA to date.

290,000

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 # **L00000005736**
NAME **PATHWAY PIG.COM, LC**
STREET ADDRESS **7605 WASHINGTON ROAD**
CITY-ST-ZIP **WEST PALM BEACH FL 33405**

STREET ADDRESS

CITY-ST-ZIP

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DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

5-21-01

Date

561-659-9022

Daytime Phone #

CR2E003 (11/00)