

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0012902 AT

DOCUMENT # A01000000189

1. Entity Name
PINEAPPLE GROVE, LTD.



FILED

03 JAN 14 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2325 S. OCEAN BLVD.
DELRAY BEACH FL 33483

Mailing Address
2573 WEST 59TH ST.
BOCA RATON FL 33496



2. Principal Place of Business

2573 NW 59TH STREET

3. Mailing Address

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
BOCA RATON FLORIDA

City & State

4. FEI Number 65-1048166

Applied For

Not Applicable

Zip
33496

Country
USA

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

SATALINO, MARTIN J
2573 NW 59TH ST.
BOCA RATON FL 33496

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions
as Shown on record.

\$7,500.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 # L01000001897
NAME PINEAPPLE GROVE, LLC
STREET ADDRESS 2573 NW 59TH ST.
CITY-ST-ZIP BOCA RATON FL 33496

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

CR2E003 (10/02)

14. I hereby certify that the information supplied with this form 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

MARTIN SATALINO 1-7-03 561542-7755

Date

Daytime Phone #