

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A01210**

1. Entity Name

PENSACOLA ASSOCIATES

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 28 PM 12:06




DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
2690 CROOKS ROAD **2690 CROOKS ROAD**
SUITE 400 **SUITE 400**
TROY MI 48084 **TROY MI 48084-4700**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

City & State City & State 4. FEI Number Applied For
 Zip Country Zip Country **38-6169706** Not Applicable
 USA **USA**

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

6. Name and Address of Current Registered Agent
RODGERS, TOM
1101 GULF BREEZE PKWY BOX #188
SUITE 120
GULF BREEZE FL 32561

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$293,221.00**

10. Amount of Capital Contributions in FLORIDA to date. **293,221**

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 # NAME STREET ADDRESS CITY - ST - ZIP	AIKENS, ROBERT B 2690 CROOKS RD., #400 TROY MI 48084
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	AIKENS, WILLIAM R 2690 CROOKS RD., #400 TROY MI 48084
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY - ST - ZIP	700003272567-6 -05/31/00--01088--009 ****526.25 ****526.25
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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 REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/26/00 **(248) 362-1370**
 Date Daytime Phone #

CR2:003 (9/99)