

2002 UNIFORM BUSINESS REPORT (UBR)

0017884 AT

DOCUMENT # A01210

1. Entity Name
PENSACOLA ASSOCIATES

FILED

02 FEB -4 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 2690 CROOKS ROAD SUITE 400 TROY MI 48084	Mailing Address 2690 CROOKS ROAD SUITE 400 TROY MI 48084
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **38-6169706** Applied For
Not Applicable

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

DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RODGERS, TOM
1101 GULF BREEZE PKWY BOX #188
SUITE 120
GULF BREEZE FL 32561**

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. **\$293,221.00** 10. Amount of Capital Contributions in FLORIDA to date. **293,221.00** 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 # **G00173900096**
NAME **ROBERT B. AIKENS REVOCABLE TRUST U/A/D 4/8**
STREET ADDRESS **2690 CROOKS RD., #400**
CITY-ST-ZIP **TROY MI 48084**

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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: **ROBERT B. AIKENS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **1/21/02** Daytime Phone #

CR2E003 (9/01)