2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A03709

1. Entity Name

PENNCOLA ASSOCIATES, LIMITED

FILED

01 JUN 20 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
C/O GROSSMAN, TUCHMAN & SHAH 370 LEXINGTON AVENUE NEW YORK NY 10019	C/O GROSSMAN, TUCHMAN & SHAH 370 LEXINGTON AVENUE NEW YORK NY 10017-6503

DO NOT WRITE IN THIS SPACE

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 13-6619443 ☐ Applied For ☐ Not Applicable

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
GORTZ, ALBERT W. ONE BOCA PLACE SUITE WEST 2255 GLADES ROAD BOCA RATON FL 33431	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 (NOTE: Registered Agent signature required when changing)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$123,540.00		

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 #		STREET ADDRESS	
NAME	ADER, RICHARD H.	CITY-ST-ZIP	
STREET ADDRESS	1370 AVE. OF THE AMERICAS		
CITY-ST-ZIP	NEW YORK NY 10019		
DOCUMENT #	F93000002447	STREET ADDRESS	FIVE CAMBRIDGE CENTER, 9TH FL
NAME	IR PINE CORP.	CITY-ST-ZIP	CAMBRIDGE, MA 02142
STREET ADDRESS	411 WEST PUTNAM AVENUE		
CITY-ST-ZIP	GREENWICH CT 06830		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	700004437657--5
STREET ADDRESS			-06/22/01--01081--015
CITY-ST-ZIP			****526.25 ****526.25
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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: _____ 4/26/01 212-581-4540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #