

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A03709**

1. Entity Name

PENNCOLA ASSOCIATES, LIMITED

FILED

02 FEB 18 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

C/O GROSSMAN, TUCHMAN & SHAH
370 LEXINGTON AVENUE
NEW YORK NY 10019

Mailing Address

C/O GROSSMAN, TUCHMAN & SHAH
370 LEXINGTON AVENUE
NEW YORK NY 10019



2. Principal Place of Business

C/O BERDON LLP
Suite, Apt. #, etc.
360 MADISON AVENUE

3. Mailing Address

C/O BERDON LLP
Suite, Apt. #, etc.
360 MADISON AVENUE

DUE BY MAY 1, 2002

City & State

NEW YORK NY

City & State

NEW YORK NY

4. FEI Number

13-6619443

Applied For

Not Applicable

Zip

10017

Country

Zip

10017

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GORTZ, ALBERT W.
ONE BOCA PLACE SUITE WEST
2255 GLADES ROAD
BOCA RATON FL 33431

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

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

DATE

9. Capital Contributions
as Shown on record.

\$123,540.00

10. Amount of Capital Contributions
in FLORIDA to date.

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 #

NAME

STREET ADDRESS

CITY-ST-ZIP

ADER, RICHARD H.
1370 AVE. OF THE AMERICAS
NEW YORK NY 10019

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

F93000002447
IR PINE CORP.
FIVE CAMBRIDGE CENTER, 9TH FLOOR
CAMBRIDGE MA 02149

STREET ADDRESS

CITY-ST-ZIP

7 BULFINCH PLACE SUITE 500
BOSTON, MA 02114-9507

DOCUMENT #

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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

Date

Daytime Phone #

CR2E003 (9/01)

0005076 AT