

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0006223 AT

DOCUMENT # A03709

1. Entity Name
PENNCOLA ASSOCIATES, LIMITED



FILED

03 MAR 25 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
C/O BERDON LLP
360 MADISON AVENUE
NEW YORK NY 10017

Mailing Address
C/O BERDON LLP
360 MADISON AVENUE
NEW YORK NY 10017

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

DUE BY MAY 1, 2003

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. 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.

\$123,540.00

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 #
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.
7 BULFINCH PLACE, SUITE 500
BOSTON MA 02114-9507

STREET ADDRESS

CITY-ST-ZIP

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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:

SIGNATURE REQUIRED

3/18/03

Date

Daytime Phone #

CR2E003 (10/02)