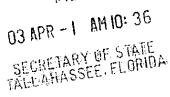
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NIFORM	BUSINESS	REPORT ((UBR)	_	į
UMENT #	A05804	•			Ţ

DOCUMENT # 1. Entity Name

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PINE FOREST, LTD.



Mailing Address 20721 S.W. 46TH AVE.

NEWBERRY FL 32669

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



Suite, Apt. #, etc. City & State City & State		DUE BY MAY	DUE BY MAY 1, 2003			
		City & State		4. FEI Number 59-1896675	Applied For	
					Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
, e- e-	6. Name and Address of Cui	rrent Registered Agent		7. Name and Address of New Registe	ered Agent	
DAVIS, RON	NIE C		Na	ame		
20721 S.W. NEWBERRY	46TH AVE.		Stre	reet Address (P.O. Box Number is Not Acceptable)		
•			Cit	ty	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.

9. Capital Contributions as Shown on record.

\$73,100.00

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	484037 DAVIS PROPERTY MGMT. INC	STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	RT. 1 BOX 318 NEWBERRY FL	CITY-ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	900015033349
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	U4/01/0301053017 **535.00
DOCUMENT / NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	·
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	`
DOCUMENT # NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-\$T-ZIP	
DOCUMENT # NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	. •	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 are equired by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #