

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 APR -4 PM 5:

DOCUMENT # **A12591**
1. Entity Name
PINEWOOD ASSOCIATES, LTD.

Principal Place of Business
**7740 SW 104TH ST., #200
MIAMI FL 33156**

Mailing Address
**7740 SW 104TH ST., #200
MIAMI FL 33156-3195**



2. Principal Place of Business
**9095 SW 87 Ave
Suite, Apt. #, etc.
777**

3. Mailing Address
**9095 SW 87 Ave
Suite, Apt. #, etc.
777**

DO NOT WRITE IN THIS SPACE

City & State
Miami FL

City & State
Miami FL

Zip Country
33176 USA

Zip Country
33176 USA

4. FEI Number **59-2206869**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**DORSY, CLAUDE
7740 SW 104TH ST., #200
MIAMI FL 33156**

7. Name and Address of New Registered Agent

Name
James R. Mitchell

Street Address (P.O. Box Number is Not Acceptable)
9095 S.W. 87 Ave, St. 777

City State Zip Code
Miami FL 33176

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 *James R. Mitchell* **James R. Mitchell** **4-3-00**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. **\$820,000.00**

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	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P96000099680 PROFESSIONAL MANAGEMENT GENERAL PARTNERSHI 9095 SW 87 AVENUE, SUITE 777 MIAMI FL 33176
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	200003215042--5 -04/19/00--01089--025
STREET ADDRESS	****526.25 ****526.25
CITY - ST - ZIP	BK 4/12
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
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: *James R. Mitchell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

James R. Mitchell
3/24/2000 (305)271-5051

CR2E003 (9/99)