

# 2001 UNIFORM BUSINESS REPORT (UBR)

0009837 AF

**DOCUMENT # A12591**

1. Entity Name

**PIWOOD ASSOCIATES, LTD.**

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>9095 S.W. 87TH AVENUE.. SUITE 777 MIAMI FL 33176</b>	Mailing Address <b>9095 S.W. 87TH AVENUE . SUITE 777 MIAMI FL 33176</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>59-2206869</b>	Applied For <input type="checkbox"/> Not Applicable
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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

**MITCHELL, JAMES R  
9095 S.W. 87TH AVENUE., SUITE 777  
MIAMI FL 33176**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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. (NOT) Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. <b>\$820,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. <b>MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**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	<b>P98000099680 PROFESSIONAL MANAGEMENT GENERAL PARTNERSHI 9095 SW 87 AVENUE, SUITE 777 MIAMI FL 33176</b>	STREET ADDRESS	
DOCUMENT #		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
DOCUMENT #		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
DOCUMENT #		CITY-ST-ZIP	
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DOCUMENT #		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
DOCUMENT #		CITY-ST-ZIP	

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

**JAMES R. MITCHELL**  
04/06/01 305-270-0870

CP2E003 (11/00)