


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0010714 AT

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

2003 MAR 12 PM 12: 29

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business 9095 S.W. 87TH AVENUE.. SUITE 777 MIAMI FL 33176	Mailing Address 9095 S.W. 87TH AVENUE.. SUITE 777 MIAMI FL 33176
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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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DUE BY MAY 1, 2003	
4. FEI Number 59-2206869	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
MITCHELL, JAMES R 9095 S.W. 87TH AVENUE., SUITE 777 MIAMI FL 33176

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *James R. Mitchell* DATE _____

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

9. Capital Contributions as Shown on record.	\$820,000.00
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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 # P96000099680 NAME PROFESSIONAL MANAGEMENT GENERAL PARTNERSHI STREET ADDRESS 9095 SW 87 AVENUE, SUITE 777 CITY-ST-ZIP MIAMI FL 33176	STREET ADDRESS 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: *James R. Mitchell*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

James R. Mitchell
3/10/03 305-271-5051

CR2E003 (10/02)