2002	UNIFURM BUSI	NESS REPUR	i (UBN)				•	21124
DOCUMENT # A19037  1. Entity Name					FILED			
HINELY /	ASSOCIATES LTD.				02 AI	PR 30 F	PM 4፡ 59	
Principal Place 26508 U.S. 19 CLEARWATER	NORTH	Mailing Address 26508 U.S. 19 NORTH CLEARWATER FL 33761			SECI TALL	RETARY C NHASSEE,	of State Florida	
	lace of Business	3. Mailing Address	. V. 01	_				
			Lake Rd	DUE BY MAY 1, 2002				$\neg$
Suite, Apt. #, etc. # 102  City & State City & State			) <u>a</u>	4. FEI Number Applied For				
Palm Harbor FL Palm Harbor			······································	<b>58-1595851</b> Not Applicable				
3468	25 Country	<sup>Zip</sup> 34685	Country	5. Certif	icate of Status Desire	d 🗆	\$8.75 Additional Fee Required	
	6. Name and Address of Current F		Name oo		and Address of Nev		Agent	
HINLEY, N	<i>I</i> ARGENAL	Name Margot Pequignot  Street Address (P.O. Box Number is Not Acceptable)						
	S. 19 NORTH	164 8# Ave 5. W.						
CLEARWA	TER FL 33761		City 4		+=====================================	-	Zin Code	_
	$\overline{}$		City Lar			FI	- 33770	
8. The above	named entity submits this statement for	the ourpose of changing its rec	$\alpha$		or both, in the State of	Florida.	6.1	
SIGNATURE 2	Signature, typed op printed name of registered agent an	MARGOT applicable.	PEQUE	JUNT.		DATE	6/07	
9. Capital Co	ntributions \$15,000,000	10. Amount of Capital C					E TO DEPT. OF STATE OR FEE INFORMATION	
as Shown o	A GENERAL PARTNER TH	IAT IS A BUSINESS ENTIT	TY MUST BE REGI	STERED A	ND ACTIVE WITH	THIS OFFIC	E.	
12.	NOTE: General Partners MA  GENERAL PARTNER		form; an amendm	ent must b		general pa		_
DOCUMENT #	· · · · · · · · · · · · · · · · · · ·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	STREET ADDRESS					
NAME STREET ADDRESS	Snyder, ann h 3207 wake dr.						2E003 (9/01)	
CITY-ST-ZIP	KENSINGTON MD		CITY-ST-ZIP				<u></u>	
DOCUMENT # NAME	HINELY, MARGENA L		STREET ADDRESS	4901	Quill	Cour	+	
STREET ADDRESS	26508 U.S. 19 N.	CITY-ST-ZIP	Palm	Harbor	FI	34685		
CITY-ST-ZIP	CLEARWATER FL		STREET ADDRESS				- 10	7 =
NAME STREET ADDRESS			STREET ADDRESS					$\dashv$
CITY-ST-ZIP.			CITY-ST-ZIP		100000	<u> </u>	821 <u></u> 9	<u>.</u>
DOCUMENT #2			STREET ADDRESS			.0/02( :193.75	01086025 ****193.75	
STREET ADDRESS			CITY-ST-ZIP		.,,,,,,,,,	'A whale I wh		
CITY-ST-ZIP DOCUMENT #								-
NAME			STREET ADDRESS	. <u>.</u>				
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP					
DOCUMENT ≠	,		STREET ADDRESS				<u></u>	
NAME STREET ADDRESS			·				, <del>,</del>	<del>-</del>
CITY-ST-ZIP			CITY-ST-ZIP		07(01(0) = 1 · · · ·		er mare a second	
indicated	certify that the information supplied with on this report is true and accurate and ver or trustee empowered to execute this	hat my signature shall have the	same legal effect as	Section 119.0 if made unde	07(3)(i), Florida Statuti r oath; that I am a Ger	es. I further coneral Partner	errity that the information of the limited partnersh	ip or

DUMAGGENE L. Hinely 4/10/02 727943-2442

Dayling General Partner

Dayling Phone #