

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0005248 AT

DOCUMENT # **A23835**

1. Entity Name  
**PEMBROKE PINES ASSOCIATES, L.P., LIMITED PARTNER  
SHIP**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 APR -8 PM 12:16

Principal Place of Business  
**1333 BROADWAY SUITE 1202 65 WEST 36TH STREET  
NEW YORK NY 10018**

Mailing Address  
**1333 BROADWAY SUITE 1202 65 WEST 36TH STREET  
NEW YORK NY 10018**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**DUE BY MAY 1, 2003**

4. FEI Number **13-3400086**

Applied For

Not Applicable

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

**KEY CORPORATE SERVICES, INC.  
2 SOUTH BISCAYNE BLVD., 34TH FLOOR  
C/O GUNSTER YOKLEY  
MIAMI FL 33131**

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 *[Signature]* **JONAH GOLDSCHMIDT, GP.**

**4/1/03**  
DATE

9. Capital Contributions  
as Shown on record. **\$2,000,000.00**

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 # **M97000000651**  
NAME **H & G II ASSOCIATES, L.L.C.**  
STREET ADDRESS **1333 BROADWAY SUITE 1202 65 W. 36TH STREET**  
CITY-ST-ZIP **NEW YORK NY 10018 SUITE 1202**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS **500015465765**  
CITY-ST-ZIP **04/06/03-01036-012 \*\*535.00**

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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]* **JONAH GOLDSCHMIDT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/2/03** **212-567-9200**  
Date Daytime Phone #

CR2E003 (10/02)