

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A24678**

1. Entity Name

PINECREST LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 28 PM 12:06



DO NOT WRITE IN THIS SPACE

Principal Place of Business

13650 N.E. 3RD CT.
NORTH MIAMI FL 33161

Mailing Address

% HBA MANAGEMENT
5310 NW 33RD AVE., STE. 211
FORT LAUDERDALE FL 33309-6319
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0002534

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEISMAN, BARTON
5310 N. W. 33RD AVENUE, SUITE 211
FT. LAUDERDALE FL 33309

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.

SIGNATURE

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.

\$55,590.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P98000035268**
NAME **BDW PINECREST, INC.**
STREET ADDRESS **5310 N.W. 33RD AVE., SUITE 211**
CITY - ST - ZIP **FORT LAUDERDALE FL 33309**

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT # **P98000035270**
NAME **JR PINECREST, INC.**
STREET ADDRESS **800 S. DAKOTA AVE.**
CITY - ST - ZIP **TAMPA FL 33606**

STREET ADDRESS
CITY - ST - ZIP

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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

BARTON B. WEISMAN, PRES BDW PINECREST

Date

4/24/00

Daytime Phone #

954 731-3350

CR2E:003 (9/99)