

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0008436
AF

DOCUMENT # **A24678**

1. Entity Name

PINECREST LIMITED PARTNERSHIP

01 MAY -1 PM 6:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0002534	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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. (NOT 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
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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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P98000035268 BDW PINECREST, INC. 5310 N.W. 33RD AVE., SUITE 211 FORT LAUDERDALE FL 33309
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P98000035270 JR PINECREST, INC. 800 S. DAKOTA AVE. TAMPA FL 33606
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	389.13-4P
STREET ADDRESS	88.75 -Adm
CITY-ST-ZIP	
STREET ADDRESS	800004274878--2
CITY-ST-ZIP	05/21/01 01163 000 ****477.88 ****477.88
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Barton S. Weisman* **4-25-01** **9547313350**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #
BARTON S WEISMAN PINE3

CR2E003 (11/00)