

# LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A24618  
 1. Entity Name  
Pinecrest Limited Partnership

FILED

04 JUN 18 PM 4:00

STATE OF FLORIDA  
 TALLAHASSEE FLORIDA

DUJH

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4/18

2. Principal Place of Business <u>13650 NE 3RD CT</u>		3. Mailing Address <u>40 APT</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <u>5310 NW 33 AVE # 211</u>	
City & State <u>NORTH MIAMI, FL</u>		City & State <u>FT LAUDERDALE FL</u>	
Zip <u>33161</u>	Country <u>USA</u>	Zip <u>33309</u>	Country <u>USA</u>

4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name <u>WEISMAN, BARTON</u>
Street Address (P.O. Box Number is Not Acceptable) <u>5310 NW 33 AVE # 211</u>
City <u>FT LAUDERDALE FL</u> Zip Code <u>33309</u>

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

9. Capital Contributions as Shown on record. <u>55,590.00</u>	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 #	<u>P980000 33268</u>	STREET ADDRESS	
NAME	<u>B&amp;W PINECREST LLC</u>	CITY-ST-ZIP	
STREET ADDRESS	<u>5310 NW 33 AVE # 211</u>		600038167116
CITY-ST-ZIP	<u>FORT LAUDERDALE, FL 33309</u>		06/22/04 01066 000 **477.00
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			DO NOT WRITE IN THIS SPACE
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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)(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] Date 4-30-04 9547313350  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #