2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A27146 1. Entity Name							F1 - F1		
HARBOUR SQUARE ASSOCIATES LIMITED PARTNERSHIP) V	SECRETARY OF STATE DIVISION OF CORPORATIONS		
Principal Plac	e of Business		Mailing Address				00 APR 28 AM 3: 05		
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2. Principal Place of Business 3. Mailing Address									
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		
Ch. I State						A SSI Number	4. FEI Number Applied For		
City & State			City & State			4. 7 El Nullipel	05-0441441	Not Applicable	
Zip	Zip Country		Zip	Country		5. Certificate of	f Status Desired	\$8.75 Additional Fee Required	
***	6. Name and Address of Current		legistered Agent		T	7. Name and A	7. Name and Address of New Registered Agent		
					Name				
FILDES, RICHARD J ESQ.					Street Address (P.O. Box Number is Not Acceptable)				
% LOWNDES, DROSDICK, DOSTER, KANTOR ET AL								. <u></u>	
215 N. EOLA DRIVE ORLANDO FL 32801									
UNLAMBU FL 32001					City FL Zip Code			-L 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. 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.	G46246	GENERAL FARTNER					ADDITION OF ANGLES	0142	
NAME	PICERNE DEVE	LOPMENT CORP		STR	EET ADDRESS				
STREET ADDRESS	SS 247 N. WESTMONTE DR. ALTAMONTE SPRINGS FL 327			CITY	-ST-ZIP				
CITY-ST-ZIP	ALIAMONIE S	PHINGS PL 32/14				SI	<u> </u>		
DOCUMENT #	PICERNE, ROB	BERT M		STR	EET ADORESS		-05/24/0001044023 ****141.25 ****141.25		
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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 pame 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									
SINGLE SI									
SIGNATURE:									