

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A28697

1. Entity Name

VENICE PINES PLAZA LTD.

Principal Place of Business  
13925 - 58TH STREET NORTH  
CLEARWATER FL 33760

Mailing Address  
501 EAST KENNEDY BLVD., SUITE 1700  
TAMPA FL 33602-5239

2. Principal Place of Business

3. Mailing Address

13925 58TH STREET NORTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
CLEARWATER, FL

Zip

Country

Zip

33760

Country

4. FEI Number

59-2980692

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HUMPHRIES, J. BOB. ESQ.  
501 EAST KENNEDY BLVD., SUITE 1700  
TAMPA FL 33602

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.

\$800,000.00

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

DOCUMENT # L62522  
NAME VENICE PINES GP, INC.  
STREET ADDRESS 13925 - 58TH STREET NORTH  
CITY - ST - ZIP CLEARWATER FL 33760

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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:

*Signature of Westfalia Real Estate Services, LC*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-28-00

Date

(727) 535-7999

Daytime Phone #

WESTFALIA REAL ESTATE SERVICES, LC

APPROVED  
AND  
FILED

00 APR -4 AM 11:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E003 (9/99)