

2002 UNIFORM BUSINESS REPORT (UBR)

UBR 4025 A1

DOCUMENT # **A28697**

1. Entity Name

VENICE PINES PLAZA LTD.

FILED

02 APR 30 PM 4:20

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH



Principal Place of Business

**13925 - 58TH STREET NORTH
CLEARWATER FL 33760**

Mailing Address

**13925 - 58TH STREET NORTH
CLEARWATER FL 33760**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

59-2980692

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

LUECK, FRED

**13925 - 58TH STREET NORTH
CLEARWATER FL 33760**

7. Name and Address of New Registered Agent

Name

Beth Wohlwend

Street Address (P.O. Box Number is Not Acceptable)

13925 - 58TH ST., N

City

Clearwater

FL

Zip Code

33760

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

Beth Wohlwend, Registered Agent

4/29/02
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

700005503427--9
-05/10/02--01070--019
*****535.00 ***535.00**

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:

Beth Wohlwend, VP-Venice Pines GP, Inc. 4/29/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)