

2001 UNIFORM BUSINESS REPORT (UBR)

003462 AF

DOCUMENT # A93000001231

1. Entity Name

PASADENA AT THE LANDINGS, LTD.

FILED
WLS/10
01 APR 27 AM 9:49
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Principal Place of Business
11801 PEMBROKE ROAD
PEMBROKE PINES FL 33025

Mailing Address
11801 PEMBROKE ROAD
PEMBROKE PINES FL 33025



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0445870

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

7. Name and Address of New Registered Agent

EHG RESIDENT AGENTS INC.
5100 TOWN CENTER CIRCLE, STE. 330
BOCA RATON FL 33486

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.

\$108,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P93000077741**
 NAME **THE LANDINGS BY PASADENA, INC.**
 STREET ADDRESS **1000 NORTH HIATUS ROAD**
 CITY-ST-ZIP **PEMBROKE PINES FL 33026**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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 CITY-ST-ZIP

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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)(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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)