

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A94000001749**

1. Entity Name  
**PINESTONE LTD.**

Principal Place of Business  
435 - 10TH AVENUE WEST  
PALMETTO FL 34221

Mailing Address  
435 - 10TH AVENUE WEST  
PALMETTO FL 34221-5041

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL -3 PM 1:29



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**525 - 8th ST. W.**

3. Mailing Address  
**525 - 8th ST W**

Suite, Apt. #, etc.

City & State  
**BRADENTON, FL**

City & State  
**BRADENTON, FL**

Zip  
**34205**

Country  
**USA**

Zip  
**34205**

Country  
**USA**

4. FEI Number **65-0546760**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MAPES, REED W**  
**435 - 10TH AVENUE WEST**  
**PALMETTO FL 34221**

7. Name and Address of New Registered Agent

Name **REED W. MAPES**

Street Address (P.O. Box Number is Not Acceptable)  
**525 - 8th ST. W.**

City **BRADENTON** FL Zip Code **34205**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$3,300,000.00**

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 # NAME STREET ADDRESS CITY - ST - ZIP	<b>P94000088660</b> <b>SUNNYLEA CORPORATION</b> <b>435 - 10TH AVENUE WEST</b> <b>PALMETTO FL 34221</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>P94000088624</b> <b>SARCON CORPORATION</b> <b>435 - 10TH AVENUE WEST</b> <b>PALMETTO FL 34221</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>P95000009298</b> <b>SOUTHERN COMFORT DEVELOPMENT COMPANY, INC.</b> <b>435 - 10TH AVENUE WEST</b> <b>PALMETTO FL 34221</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY - ST - ZIP	<b>525 - 8th ST W</b> <b>BRADENTON, FL 34205</b>
STREET ADDRESS CITY - ST - ZIP	<b>525 - 8th ST W</b> <b>BRADENTON, FL 34205</b>
STREET ADDRESS CITY - ST - ZIP	<b>525 - 8th ST W</b> <b>BRADENTON, FL 34205</b>
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 REQUIRED Date 6/24/2000 Daytime Phone # 708-3444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER