

# 2002 UNIFORM BUSINESS REPORT (UBR)

01/20/02 AI

**DOCUMENT # A95000000185**

1. Entity Name  
**PEAK ONE PROPERTIES, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 JAN 22 PM 3:58



Principal Place of Business <b>7003 MANDARIN DRIVE BOCA RATON FL 33433</b>	Mailing Address <b>7003 MANDARIN DRIVE BOCA RATON FL 33433</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

**DUE BY MAY 1, 2002**

4. FEI Number <b>65-0560158</b>	Applied For
	Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BEAVER, ROBERT W  
7003 MANDARIN DRIVE  
BOCA RATON FL 33433**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$4,950.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. <b>MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**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 #	<b>P95000009626</b>
NAME	<b>TIMBERLINE, INC.</b>
STREET ADDRESS	<b>7003 MANDARIN DRIVE</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33433</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

*cus*

**000004795300--5**  
-01/24/02--01081--021  
\*\*\*\*150.00 \*\*\*\*150.00

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:** *[Signature]*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

*1/15/02* *562181212*  
Date Daytime Phone #

CR2E003 (9/01)