(941) 366-6660

Daytime Phone #

2001 UNIFO	RM BUSINESS	REPORT	(UBR)
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DOCU	MENT# A95	5000000563		<u>.                                    </u>			;
	LE AVENUE ASSOCIATES, I	LTD. 6/35-/			FILE	•	•
Principal Plac 240 S. PINEAP 10TH FL SARASOTA FL	PLE AVENUE	Mailing Address P.O. BOX 49948 SARASOTA FL 34230-6948		<b>01</b> SI TA	ECRETARY OF LLAHASSEE,	F STATE FLORIDA	ii 138 1611 188 1816 1816 1816 181
2. Principal P	lace of Business	3. Mailing Address		· <del>-</del> -			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		·	DO NOT WRITE IN THIS SPACE		
City & State	8	City & State		-	4. FEI Number	65-0580465	. Applied For Not Applicable
Zip	Country	Zip	Coun	try	5. Certificate of	of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of C	Current Registered Agent			7. Name and	Address of New Registere	ed Agent
				Name			, ,
BAND, DAVID S 240 S. PINEAPPLE AVENUE 10TH FL SARASOTA FL 34236			Street Address (P.O. Box Number is Not Acceptable)				
			City		· · · · · · · · · · · · · · · · · · ·	Zip Code	
				·			<u></u>
	named entity submits this state	ment for the purpose of changing its	egistere	ed office or regist	ered agent, or both	i, in the State of Florida.	
SIGNATURE .	Signature, typed or printed name of register			d Agent signature requir	ed when reinstating)	DAT	
9. Capital Co as Shown	N I U DI	10. Amount of Capital in FLORIDA to de		\$19,60	0.00	11. MAKE CHECK PAYA SEE REVERSE SIDE	FOR FEE INFORMATION
<del></del>	A GENERAL PART	NER THAT IS A BUSINESS EN	TTY M	UST BE REGIS	STERED AND A	CTIVE WITH THIS OFF	CE.
12.		ARTNER INFORMATION	13.	, an amendine	in must be mee	ADDRESS CHANGES	ONLY
DOCUMENT # NAME	P95000027816 PINEAPPLE AVENUE ASSO	DCIATES, INC.	STRE	ET ADDRESS			
CITY-ST-ZIP	240 S PINEAPPLE AVENUE, 10TH FL SARASOTA FL 34236		City	-ST-ZIP			
DOCUMENT # NAME			STRE	ET AODRESS			
STREET ADDRESS City-St-Zip			CITY	-ST-ZIP			
DOCUMENT <b>#</b> NAME			STRE	ET ADDRESS	·····		
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP	1	0000428 05/22/01-	73918 -01069022
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DOCUMENT # NAME			STRE	ET ADDRESS			45
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP		•	•
DOCUMENT # NAME			STRE	ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP				-ST-ZIP		···	
14. I hereby of indicated the received	pertify that the information supply on this report is true and accurate or trustee empowered to	fied with this filing does not qualify for ele and that my signature shall have cute this report as required by Chap	ne same er 620, l	e legal effect as i Florida Statutes	made under datit,	man a General Familie	certify that the information or of the limited partnership or f

Associates, Inc.

President

SIGNATURE: