

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0010952 AT

DOCUMENT # A95000000745



FILED

03 APR 18 PM 1:56

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**



**1. Entity Name
PINELANDS AIRPORT CENTER, LTD.**

Principal Place of Business
5414 NW 72ND AVE
MIAMI FL 33166

Mailing Address
5414 NW 72ND AVE
MIAMI FL 33166

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 65-0588289 Applied For
Not Applicable

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

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent

**FELLMAN, SETH H
5414 NW 72ND AVE
MIAMI FL 33166**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
000016236930
04/18/03--01020--009 **526 25
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. I am familiar with, and accept the obligations of registered agent.

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

9. Capital Contributions as Shown on record. **\$173,745.00** **10. Amount of Capital Contributions in FLORIDA to date.** **11. MAKE CHECK PAYABLE TO FL. 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 #	P95000032093	STREET ADDRESS	
NAME	P.A.C. DEVELOPMENT CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	THREE GROVE ISLE DRIVE, NO. 510		
CITY-ST-ZIP	MIAMI FL 33133		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		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

4/14/03 *2508865366*
Date Daytime Phone #

CR2E003 (10/02)