2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9500001166							
1. Entity Name BUSINESS ENTERPRISE OF PINELLAS, LTD.						FILED	
						00 JAN 27 PM 3: 27	
Principal Plac	e of Business	M	Mailing Address				
53 WEST JACKSON BLVD. SUITE 530 CHICAGO IL 60604			53 WEST JACKSON BLVD SUITE 530 CHICAGO IL 60604-3608			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
						4. FEI Number Applied For	
City & State			City & State			36-4045554	Not A:
Zip	Country Zip		Coun	try	5. Certificate of Status Desired \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent					Name	7. Name and Address of New Regi	stered Agent
CORPORATE SERVICE COMPANY					1es	(P.O. Box Number is Not Acceptable)	
	ES STREET			ĺ	Street Address	(P.O. Box Number is Not Acceptable)	
TALLAHASSEE FL 32301							
					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. (NOTE: Registered agent signature required when reinstating) DATE							
9. Capital Contributions \$1.693.000.00 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO							
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# P95000044847					ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP BUSINESS ENTERPRISE OF PINE 756 BEACHLAND BOULEVARD VERO BEACH FL 32963			I.		- ST - ZIP	-82/02/0	214764 001101086 .00_****535.00
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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 of the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes							
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #							
FRANCIS BLIDE WAT III, VP of							