## 2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A9600000188  1. Entity Name											
IS IV PINECREST ASSOCIATES, LTD.							FIL	.ED	_		V
Principal Place	••	Mailing Address		01 1	AR 1	5 AN II: 3	5				
C/O BASIC CAPITAL MANAGEMENT. INC.  C/O BASIC CAPITAL MANAGEMENT. INC.  10670 N CENTRAL EXPRESSWAY. SUITE 600  DALLAS TX 75231  C/O BASIC CAPITAL MANAGEMENT. INC.  10670 N CENTRAL EXPRESSV  DALLAS TX 75231						T. INCECRE	TAR HASS	EE. FLORIDA			
2. Principal Place of Business 1800 Valley View 3. Mailing Address 1800 Valley V						1					
Suite, Apt. #, etc. Suite, Apt. #, etc.								DO NOT WRITE IN THIS SPACE			
City & State City & State Dallas, TX Dallas,					X			4. FEI Number	59-3348973		Applied For Not Applicable
Zip Country 75234 Dallas			Zip 75234	Cour Da	try 11as			f Status Desired	⊢ ř.	8.75 Additional ee Required	
	6. Name	and Addres	s of Current	Registered Agent		7. Name and Address of New Registered Agent Name					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324						Street Address (P.O. Box Number is Not Acceptable)					
						City	FL Zip Code				
9 The above	named entit	submite this	statement for	the purpose of changing its	ed office or	or registered agent, or both, in the State of Florida.					
o. The above	named emit	y Guonnia ini	, atatamam ro	the parpose of enemying in			- <b>J</b>		,		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
9. Capital Contributions as Shown on record. \$990.00 In FLORIDA to date						•	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.		INFORMATION	13.					ANGES ONLY			
	F98000002297 ART FLORIDA PARTNERS I, INC.					1800 Valley View lane					
		ENTRAL EX		, SUITE 600		'-ST-ZIP	Da 1_1	las, TX 75234			
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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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes  Robert A. Waldman, Secretary											
SIGNATURE:  Robert A. Waldman, Secretary  ART Florida Partners I, Inc. 2/27/01 469-522-4200											

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

469-522-4200 Daytime Phone #