

# 2000 UNIFORM BUSINESS REPORT (UBR)

JAN 10 11 3

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**DOCUMENT # A96000001410**

1. Entity Name  
**BLACKSTONE ASSOCIATES, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL 10 AM 9:25

Principal Place of Business <b>100 LINCOLN RD., #535 MIAMI BEACH FL 33139</b>	Mailing Address <b>1543 7TH STREET, #202 SANTA MONICA CA 90401</b>
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DO NOT WRITE IN THIS SPACE

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 **95-4591668**

Applied For
Not Applicable

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

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

**PICO INVESTMENTS, INC.**  
**ATTN: ERI KROCH**  
**100 LINCOLN RD., #535**  
**MIAMI BEACH FL 33139**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$225,000.00**

10. Amount of Capital Contributions in FLORIDA to date. \_\_\_\_\_

11. MAKE CHECK PAYABLE TO 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**

DOCUMENT #	<b>P96000058558</b>
NAME	<b>PICO INVESTMENTS, INC.</b>
STREET ADDRESS	<b>ATTN: ERI KROCH, 1543 7TH STREET, #202</b>
CITY-ST-ZIP	<b>SANTA MONICA CA 90401</b>
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	<del>100003327131-2</del>
CITY-ST-ZIP	<del>-07/19/00--01013--008</del>
STREET ADDRESS	<del>****526.25 ****526.25</del>
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E003 (5/00)

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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**7/7/00** (310) 576 0667  
Date Daytime Phone #