

# 2001 UNIFORM BUSINESS REPORT (UBR)

001872 AF

**DOCUMENT # A96000001410**

1. Entity Name

**BLACKSTONE ASSOCIATES, LTD.**

**FILED**

01 FEB -8 AM 10:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

100 LINCOLN RD., #535  
MIAMI BEACH FL 33139

Mailing Address

1543 7TH STREET, #202  
SANTA MONICA CA 90401



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

95-4591668

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

**\$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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P96000058558**  
NAME **PICO INVESTMENTS, INC.**  
STREET ADDRESS **ATTN: ERI KROCH, 1543 7TH STREET, #202**  
CITY-ST-ZIP **SANTA MONICA CA 90401**

STREET ADDRESS

CITY-ST-ZIP

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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 REK KROCH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/1/01

Date

(310) 576 0667

Daytime Phone #

CR2E003 (11/00)