

2002 UNIFORM BUSINESS REPORT (UBR)

0018101 AT

DOCUMENT # A96000001410

1. Entity Name
BLACKSTONE ASSOCIATES, LTD.

FILED
02 FEB 15 AM 11: 23
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**

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country

DUE BY MAY 1, 2002

4. FEI Number: **95-4591668**

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 _____ 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 #	P96000058558
NAME	PICO INVESTMENTS, INC.
STREET ADDRESS	ATTN: ERI KROCH, 1543 7TH STREET, #202
CITY-ST-ZIP	SANTA MONICA CA 90401
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	
CITY-ST-ZIP	
STREET ADDRESS	BK
CITY-ST-ZIP	
STREET ADDRESS	600005024566--5
CITY-ST-ZIP	-02/27/02--01077--012
	****526.25 ****526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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** *2/12/02*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/01)