

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0014823  
AT

DOCUMENT # **A97000000892**



1. Entity Name  
**PINE VIEW PARTNER, LTD.**

**FILED**

**2003 FEB 28 AM 2:37**

**DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA**



Principal Place of Business  
**GROVE AT LAKELAND SQUARE  
3570 US HWY 98 N  
LAKELAND FL 33809**

Mailing Address  
**GROVE AT LAKELAND SQUARE  
3570 US HWY 98 N  
LAKELAND FL 33809**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

City & State

4. FEI Number **31-1567642**

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

**BARCAP REALTY SERVICE GROUP, INC.  
GROVE AT LAKELAND SQUARE  
3570 US HWY 98 N  
LAKELAND FL 33809**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$99.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>P97000036143 BARON CAPITAL L, INC. 7826 COOPER RD. CINCINNATI OH 45242</b>
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STREET ADDRESS	
CITY-ST-ZIP	<b>700013271817</b>
STREET ADDRESS	<b>02/28/03--01050--025 **150.00</b>
CITY-ST-ZIP	
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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E003 (10/02)