

2001 UNIFORM BUSINESS REPORT (UBR)

0000066 AF

DOCUMENT # A97000001373

1. Entity Name

PINE GROVE INVESTORS III LIMITED PARTNERSHIP

FILED

01 MAR 12 AM 10:42

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

505 S. FLAGLER DRIVE, SUITE 401
WEST PALM BEACH FL 33401

Mailing Address

505 S. FLAGLER DRIVE, SUITE 401
WEST PALM BEACH FL 33401

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0761266

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FROMSON, SHELDON
505 S. FLAGLER DRIVE, SUITE 401
WEST PALM BEACH FL 33401**

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

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.

\$1,000.00

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 # **P97000054331**
NAME **SUN AMERICA MELBOURNE, INC.**
STREET ADDRESS **505 S. FLAGLER DRIVE, SUITE 401**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

**900003854609--0
-03/15/01--01036--014**

STREET ADDRESS

CITY-ST-ZIP

******141.25 ****141.25**

STREET ADDRESS

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:

SHELDON FROMSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/1/01
Date

561-832-3300
Daytime Phone #

CR2E003 (11/00)