## 2002 UNIFORM BUSINESS REPORT (UBR) FILED A97000001937 DOCUMENT # 02 FEB 15 AM 11: 27 1. Entity Name SECRETARY OF STATE STRONG/PINEHURST PARTNERS, LTD. TALLAHASSEE FLORIDA Mailing Address Principal Place of Business P.O. BOX 276 1201 SOUTH ORLANDO AVENUE, SUITE 360 WINTER PARK FL 32789 WINTER PARK FL 32790 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2002** Applied For City & State City & State 4. FEI Number 59-3466604 Not Applicable Zin Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STRONG, DAVID C Street Address (P.O. Box Number is Not Acceptable) 1201 SOUTH ORLANDO AVENUE, SUITE 360 WINTER PARK FL 32789 Zip Code City 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 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions \$599.00 SEE REVERSE SIDE FOR FEE INFORMATION in FLORIDA to date. as Showit on record. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. P97000077472 DOCUMENT # STREET ADDRESS STRONG/PINEHURST, INC. NAME 1201 SOUTH ORLANDO AVENUE, SUITE 360 STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32789 CITY-ST-ZIP SK DOCUMENT # STREET ADDRESS NAMÉ 900005024569---02/27/02--01077--014 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP \*\*\*\*141.25 \*\*\*\*141.25 DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

DOCUMENT #

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

I Strong Pinehurst,

Inc., General Partner 

1/25/02

407-629-1800

Daytime Phone #