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DOCUMENT # A9700002558  1. Entity Name  PINE & DOUGLAS ASSOCIATES, LTD.						ë.	FILED	
						02 MAY -6 AM 10: 1 1		
Principal Place of Business  Mailing Address  THE GOODMAN COMPANY  THE G						SECRETARY OF STATE TALLAHASSEE. FLORIDA		
Principal Place of Business     Mailing Address						!	318 (811) (831) 831) <b>(83</b> 1) <b>(81</b> 1) <b>(8</b> 11) <b>(8</b> 11) <b>(8</b> 11) <b>(8</b> 11)	
Suite, Apt. #, etc. Suite, Apt. #, etc.						DUE BY MAY 1, 2002		
City & State			City & State		4. FEI Number 65-0807035 Applied For Not Applicable			
Zip Country		-	Zip Country			5. Certificate of Status Desired \$8.75 Additional Fee Required		
	6. Name and Address	of Current Regis	tered Agent			7. Name and A	ddress of New Registered A	gent
				Nam	ne		•	
SHEWALTER, WILLIAM SUITE 1101, 777 S FLAGLER DRIVE				Stree	Street Address (P.O. Box Number is Not Acceptable)			
WEST PA	ALM BEACH FL 33401							
				City		· · ·	FL	Zip Code
8. The above	named entity submits this s	tatement for the p	urpose of changing its re	egistered offic	e or register	ed agent, or both,	in the State of Florida.	
SIGNATURE	Signature, typed or printed name of re	nistered anent and title it	annii eabla					
	Section (1) person printed trains at to	grater ou agent and title i	applicable.				DATE	
9. Capital Co as Shown	ontributions \$322 on record.	,033.00	10. Amount of Capital in FLORIDA to dat	te. <b>3</b> 2	3035	3 -	11. MAKE CHECK PAYABLE SEE REVERSE SIDE FOI	R FEE INFORMATION
	on record. \$322	,033.00	10. Amount of Capital in FLORIDA to dat	te. <b>52</b> FITY MUST E			11. MAKE CHECK PAYABLE SEE REVERSE SIDE FOI TIVE WITH THIS OFFICE	R FEE INFORMATION
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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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

P+D &P LLC, general partnership to the limited partnership the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Dayline Phone #