


2002 UNIFORM BUSINESS REPORT (UBR)

0010814 AT

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| DOCUMENT # A98000000076 |
| 1. Entity Name WEST PINES ASSOCIATES LIMITED |

FILED **LE**
02 APR 25 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


| | |
|---|---|
| Principal Place of Business 12000 BISCAYNE BOULEVARD, PENTHOUSE 810 MIAMI FL 33181 | Mailing Address 12000 BISCAYNE BOULEVARD, PENTHOUSE 810 MIAMI FL 33181 |
|---|---|

| | |
|---------------------------------------|---------------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|---------------------------------------|---------------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

| | |
|--|--|
| DUE BY MAY 1, 2002 | |
| 4. FEI Number 65-0883130 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| |
|--|
| 6. Name and Address of Current Registered Agent IRELAND, R. SCOTT 12000 BISCAYNE BOULEVARD, PENTHOUSE 810 MIAMI FL 33181 |
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| | |
|--|----------|
| 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** _____
Signature, typed or printed name of registered agent and title if applicable.

| | | |
|---|--|---|
| 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 # | P97000107988 |
| NAME | WEST PINES ASSOCIATES, INC. |
| STREET ADDRESS | 12000 BISCAYNE BOULEVARD, PENTHOUSE 810 |
| CITY-ST-ZIP | MIAMI FL 33181 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDRESS CHANGES ONLY | |
|---------------------------------|--|
| STREET ADDRESS | 588805481035--8 |
| CITY-ST-ZIP | -05/07/02--01048--019 ****141.25 ****141.25 |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | |
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| CITY-ST-ZIP | |
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| 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: *Lois Ireland* **IRELAND, S.** 4-16-02 305-891-6800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/01)