

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # A99000000250	
1. Entity Name 8321 PINES BOULEVARD, LTD.	



Principal Place of Business 12000 BISCAYNE BLVD., PENTHOUSE 810 MIAMI, FL 33181	Mailing Address 12000 BISCAYNE BLVD., PENTHOUSE 810 MIAMI, FL 33181
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



02062004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0914684	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent UNIVERSITY AND PINES, INC. 12000 BISCAYNE BLVD., PENTHOUSE 810 MIAMI, FL 33181	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

9. Capital Contributions as Shown on record. \$1,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	P99000014275	STREET ADDRESS	
NAME	UNIVERSITY AND PINES, INC.	CITY ST ZIP	
STREET ADDRESS	12000 BISCAYNE BLVD., PENTHOUSE 810		
CITY ST ZIP	MIAMI, FL 33181		
DOCUMENT #		STREET ADDRESS	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Lou Ireland LOU IRELAND 4-12-04 205-891-6804

STAPLE CHECK HERE