2000 UNIFORM BI	JSINESS REPOR	RT (UBR	R)
	000001782	.0	
1. Entity Name PEG HI, LTD.		, I	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS
Principal Place of Business Mailing Address 1969 SOUTHWEST 17TH STREET 1969 SOUTHWEST 17TH ST		REET	00 JUL 10 AM 9: 25
BOCA RATON FL 33486	BOCA RATON FL 33486-8526	8	1 10 01 07 1 10 10 10 10 10 10 10 10 10 10 10 10 1
2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State City & State			4. FEI Number
Zip Country		Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent Name Name			7. Name and Address of New Registered Agent
ERIC J. MATHESON, P.A. 205 WORTH AVENUE, SUITE 310 PALM BEACH FL 33480		Street Ac	ddress (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. 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 13			ADDRESS CHANGES ONLY
DOCUMENT # L99000007193 NAME PEG HI, LLC STREET ADDRESS 1969 SOUTHWEST 17TH STREET		STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL 33486		CITY-ST-ZIP	4000033278041 = 6 -07/19/0001054018 = 6
DOCUMENT # NAME STREET ADDRESS		STREET ADDRESS	*****88.75 *****88.75
CITY-ST-ZIP DOCUMENT #		CITY-ST-ZIP	4000033278041
NAME - L. S. F. J	and the second second second	STREET ADDRESS	2
STREET ADDRESS CITY - ST - ZIP		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP DOCUMENT #		CFTY - ST - ZEP	
NAME STREET ADDRESS		STREET ADDRESS CITY-ST-ZIP	
CITY-SE-ZIP DOCUMENT#		STREET ADDRESS	
NAME G 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: SIGNATURE OF SIGNATU			