

2001 UNIFORM BUSINESS REPORT (UBR)

0008748 AF

DOCUMENT # A99000001782

1. Entity Name

PEG HI, LTD.

FILED

4/5/10

01 APR 27 PM 4: 01

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1969 SOUTHWEST 17TH STREET
BOCA RATON FL 33486

Mailing Address

1969 SOUTHWEST 17TH STREET
BOCA RATON FL 33486

2. Principal Place of Business

3. Mailing Address

97501 Overseas Highway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Key Largo, FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

33037

Country

Monroe

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ERIC J. MATHESON, P.A.
205 WORTH AVENUE, SUITE 310
PALM BEACH FL 33480

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$128,700.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # L99000007193
NAME PEG HI, LLC
STREET ADDRESS 1969 SOUTHWEST 17TH STREET
CITY-ST-ZIP BOCA RATON FL 33486

STREET ADDRESS
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

April 23, 2001 805 853 1111

Date

Daytime Phone #

CR2E003 (11/00)