

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000001782**

1. Entity Name

PEG HI, LTD.

Principal Place of Business

**1969 SOUTHWEST 17TH STREET
BOCA RATON FL 33486**

Mailing Address

**97501 OVERSEAS HIGHWAY
KEY LARGO FL 33037**

FILED

02 JUN 10 PM 2:43

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH



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

NOT APPLICABLE

Applied For

Not Applicable

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.

DATE

9. Capital Contributions
as Shown on record.

\$128,700.00

10. Amount of Capital Contributions
in FLORIDA to date.

108,700

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 **97501 Overseas Highway #403**
CITY-ST-ZIP **KEY LARGO, FL 33037**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP **700005763797-0**
06/12/02-01076-004
******368.37 ****368.37**

DOCUMENT #
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DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP **700005763797-0**
06/12/02-01076-005
******157.88 ****157.88**

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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 REQUIRED

305-853-1890

0009231 AT

CR2E003 (9/01)

STAPLE CHECK HERE