

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B00000000022

1. Entity Name

WHISPERING PINES ASSOCIATES, LTD.

Principal Place of Business

1911 SUMMER STREET
STAMFORD CT 06905

Mailing Address

1911 SUMMER STREET
STAMFORD CT 06905

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

06-1329753

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PETERSON, CARL R JR.
C/O JOLLY, PETERSON & WATERS, P.A.
2155 DELTA BLVD., SUITE 110
TALLAHASSEE FL 32303

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.

\$1,000,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
FRIEDMAN, CARL
1911 SUMMER STREET
STAMFORD CT 06905

STREET ADDRESS
CITY-ST-ZIP
200005024482--9
-02/27/02--01077--005
*****526.25 *****526.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
RAPAPORT, ROSS
1911 SUMMER STREET
STAMFORD CT 06905

STREET ADDRESS
CITY-ST-ZIP
BK

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

11/17/02 203-357-1046

0018341 AB

CR2E003 (9/01)

FILED
02 FEB 15 PM 12:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



STAPLE CHECK HERE