## 2001 Uniform Business Report (UBR) DOCUMENT# . B 00000000910 Entity Namé FILED PYRAMID PARTNERS LP, LTD. Principal Place of Business Mailing Address MAY -2 PH 12: 36 C/O THE GOODMAN COMPANY C/O THE GOODMAN COMEANY SECRETARY OF STATE 777 SOUTH FLAGLER DRIVE, SUITE 1101E 777 SOUTH FLAGLER DRIVE, SUITE 1101E TALLAHA WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 2. Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. EEI Number City & State City & State Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name SHEWALTER, WILLIAM Street Address (P.O. Box Number is Not Acceptable) ·C/O THE GOODMAN COMPANY 777 SOUTH FLAGLER DRIVE Zip Code City WEST PALM BEACH FL 33401 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 (NOTE: Figistered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contributions Capital Contributions initial year ~<del>D</del>~ SEE REVERSE SIDE FOR FEE INFORMATION in FLORIDA to date 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 13. 12. DOCUMENT # STREET ADDRESS PYRAMID GP LLC NAME STREET ADORESS 777 SOUTH FLAGLER DRIVE CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP \*\*\*\*150.00 \*\*\*\*150.00 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the examption 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 320, Florida Statutes

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DOCUMENT #

CITY-ST-ZIP

NAME STREET ADDRESS

Date

Daytime Phone #