2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

B00000000096 DOCUMENT

1. Entity Name PYRAMID PARTNERS LP. LTD.



Principal Place of Business 777 SOUTH FLAGLER DRIVE. SUITE 1101 E C/O GOODMAN COMPANY WEST PALM BEACH FL 33401

Mailing Address 777 SOUTH FLAGLER DRIVE. SUITE 1101 E C/O GOODMAN COMPANY WEST PALM BEACH FL 33401

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FILED 03HAY-6 PH 8: 43

Principal Place of Business 3. Mailing Address		ess						
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.		DUE BY MAY 1, 2003	DUE BY MAY 1, 2003		
City & State City & State		 		4. FEI Number NOT APPLICABLE Applied For Not Applicable	ole			
Zip		Country	Zip Country			5. Certificate of Status Desired Sta		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
SHEWALTER, WILLIAM A				Name				
777 SOUTH FLAGLER DRIVE, SUITE 1101 E				Street Address (P.O. Box Number is Not Acceptable)				
C/O GOODMAN COMPANY								
WEST PALM BEACH FL 33401				City FL Zip Code				
 The above named entity submits this statement for the purpose of changing its regis the obligations of registered agent. 					ed office or regi		ot	
trie obligat	ions or regist	erea agent.						
SIGNATURE -	Signature typod	or printed name of registered age	ont and title if applicable			DATE		
9. Capital Co			· · · · · · · · · · · · · · · · · · ·	nt of Capital Contri	butions -	The state of the s		
	on record.	\$0.00		RIDA to date	Dutions 2	300 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE		
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.			ER INFORMATION	13.		ADDRESS CHANGES ONLY		
DOCUMENT # NAME	ME PYRAMID GP LLC 777 SOUTH FLAGLER DRIVE, SUITE 1101 E		STR	EET ADDRESS				
STREET ADORESS CITY-ST-ZIP			CITY	Y-ST-ZIP	600018314496			
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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

Pyrimud 6P LLC, general partnership or Goodman Roperties, Inc., 145 MANAGER