

2001 UNIFORM BUSINESS REPORT (UBR)

0017713 AF

DOCUMENT # B00000000135

1. Entity Name

GUSTINE-AG PLANT CITY ASSOCIATES LIMITED PARTNER

FILED

01 MAY -1 PM 6:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2100 WHARTON STREET, SUITE 700 PITTSBURGH PA 15203	Mailing Address 2100 WHARTON STREET, SUITE 700 PITTSBURGH PA 15203
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 25-1860180	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

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. (NOT Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$1.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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

DOCUMENT #	F00000002305
NAME	GUSTINE-AG PLANT CITY, INC.
STREET ADDRESS	2100 WHARTON STREET, SUITE 700
CITY-ST-ZIP	PITTSBURGH PA 15203

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	BK
CITY-ST-ZIP	
STREET ADDRESS	500004274385-1
CITY-ST-ZIP	-05/21/01--01153--012
	****141.25 ****141.25

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: Robert F. Zouie Date: 4/30/01 Daytime Phone #: 4123811122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (11/00)