

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 AUG 13 PM 1:03

W28/70

**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # B00000000312			
1. Entity Name PINETREE MHP, L.P.			
Principal Place of Business 525 UNIVERSITY AVENUE, SUITE 610 PALO ALTO, CA 94301		Mailing Address 525 UNIVERSITY AVENUE, SUITE 610 PALO ALTO, CA 94301	
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 91-1886831		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	
FORD, JIM 6300 QUEENSBURY BOULEVARD SARASOTA, FL 34231		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and date if applicable			
9. Capital Contributions as Shown on record. \$250,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$250,000.00	
11. MAKE CHECK PAYABLE TO FL 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	
NAME	IVY, BEN F TRUSTEE	CITY - ST - ZIP	
STREET ADDRESS	525 UNIVERSITY AVENUE, SUITE 610		
CITY - ST - ZIP	PALO ALTO, CA 94301		
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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: <i>Ben F. Ivy, Trustee</i>		Date: <i>7/17/03</i> (650) 328-3800	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Daytime Phone #	
Ben F. Ivy, Trustee			

STAPLE CHECK HERE

CR2003 (10/02)

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