2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B9500000089

1. Entity Name						e e	Uddii do Voateror	የሚከ <u></u> ቸል	
PINNACLE PLAZA ASSOCIATES LIMITED PARTNERSHIP						SECRETARY OF STATE DIVISION OF CORPORATIONS			
Principal Place	- WEGT	Mailing Address 951-6TH AVE.: WEST				00	APR 25 AM	3: 05	0
BRADENTON 1	°C 34205	BRADENTON FL 94205-882	.0		:				7
2. Principal Place of Business 9021 Town Center Pkuy Suite, Apt. #, etc. 3. Mailing Address 9021 Town Ce Suite, Apt. #, etc.				enter PKWY		DO NOT WRITE IN THIS SPACE			
City & State		City & State Bradenton, FC				4. FEI Number 52-1880058 Applied For Not Applicable			
34Z0Z	Country	Zip 317.07	Coun	itry SA		5. Certificate of	Status Desired		75 Additional Required
عربيا ال	6. Name and Address of Current F		<u> </u>			7. Name and A	ddress of New Re	egistered Agen	t
NEWSOME, JOHN S. 351 6TH AVE. WEST BRADENTON FL 34205				Street Address (P.O. Box Number is Not Acceptable) 90Z1 Town Center Parkway					
				City F	2 code	enton	147 141	FL	Zip Code 34707
8. The above	named entity submits this statement for	the purpose of changing its r	egister	ed office or	registere		in the State of Flor		57202
SIGNATURE Signature, hyper or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
9. Capital Contributions as Shown on record. 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 TH NOTE: General Partners MAY	AT IS A BUSINESS ENT	TTY M	UST BE I	REGIST	ERED AND AC	TIVE WITH THIS	S OFFICE.	,
12.	GENERAL PARTNER		13.	,			ADDRESS CHA		
DOCUMENT#	F95000001141 SM - PINNACLE PLAZA, INC.		STRE	EET ADDRESS	007	1 -T. 10	Coulor	Parkw	٥. ١
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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									
SIGNATURE: SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING GENERAL PARTNER Date Dayling Phone #									