

# 2002 UNIFORM BUSINESS REPORT (UBR)

0018971 AB

DOCUMENT # **B96000000340**

1. Entity Name

**ORANGE PINE LIMITED PARTNERSHIP**

FILED

02 MAR -7 PM 4: 07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**17 WEST PENNSYLVANIA AVE., SUITE 500  
TOWSON MD 21204**

Mailing Address  
**17 WEST PENNSYLVANIA AVENUE, SUITE 500  
ATTN: BILL KINNEAR  
TOWSON MD 21204**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**DUE BY MAY 1, 2002**

4. FEI Number

**52-1991566**

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

**RYAN, JEAN A ESQ.  
C/O BOND, SCHOENECK & KING, P.A.  
401 NORTH TAMiami TRAIL, SUITE 404  
NAPLES FL 34103**

**Naples Lawdock, Inc. ✓  
4501 Tamiami Trail North, Suite 300  
Naples, Florida 34103-3060**

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 **John D. Humphreville, Vice President**

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

**\$534,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**534,000.00**

11. MAKE CHECK PAYABLE TO 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 # **F96000004447**  
NAME **ORANGE PINE, INC.**  
STREET ADDRESS **17 WEST PENNSYLVANIA AVE., SUITE 500**  
CITY-ST-ZIP **TOWSON MD 21204**

STREET ADDRESS

CITY-ST-ZIP

**400005039404--1**

**-03/13/02--01031--018**

**\*\*\*\*526.25 \*\*\*\*526.25**

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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: **William N. Kinnear Jr.** *Orange Pine Inc.* **3/6/02** **410-296-4800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE