

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B97000000293

1. Entity Name

WINSTON PINES LIMITED PARTNERSHIP

Principal Place of Business
C/O ATHENA WINSTON PINES
712 FIFTH AVENUE
NEW YORK NY 10019

Mailing Address
C/O HOWARD BREGMAN, ESQ.
777 S. FLAGLER DRIVE, SUITE 310-E
WEST PALM BEACH FL 33401

APPROVED
AND
FILED
02 APR 22 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number 54-1849909

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BREGMAN, HOWARD ESQ.
C/O GREENBERG, TRAUIG
777 S. FLAGLER DRIVE, SUITE 310-EAST
WEST PALM BEACH FL 33401

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.

DATE

9. Capital Contributions as Shown on record.

\$950,000.00

10. Amount of Capital Contributions in FLORIDA to date.

950,000

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 # P97000023445
NAME WINSTON PINES CORPORATION
STREET ADDRESS 777 S. FLAGLER DRIVE, #310-E
CITY-ST-ZIP WEST PALM BEACH FL 33401

STREET ADDRESS

CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/18/02 301 3159204

Date

Daytime Phone #

CR2E003 (9/01)

00029389 AV