2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

A24552 **DOCUMENT #**

1. Entity Name

PALMETTO CLUB PROPERTIES LIMITED PARTNERSHIP



Principal Place of Business 117 MANLY ST., STE. 200

Mailing Address 117 MANLY ST., STE, 200

AFPNU. AND FILED

03 JAN 22 AM 9:59

SECRETARY OF STATE TALL AHASSEE, FLORIDA

GREENVILLE SC 29601 GREENVILLE SC 29601								` 					
2. Principal Place of Business			3. 1	3. Mailing Address							#4841 		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				DUE BY MAY 1, 2003					
City & State				City & State				4. FEI Number 59-0845264 Applied For Not Applicable					
Zip	* Country*			Zip Co		ntry	5. Certificate		of Status Desired			nal	
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent						
PRENTICE-HALL CORPORATION SYSTEM, INC.						Name Street Address (P.O. Bóx Number is Not Acceptable)							
1201 HAYS ST													
SUITE 105 TALLAHASSEE FL 32301						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 ac the obligations of registered agent.												accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE													
9. Capital Contributions as Shown on record. \$1,262,798.00 In FLORIDA to display to the state of						butions	11. MAKE CHECK PAYABLE TO FL. DEPT. OF S SEE REVERSE SIDE FOR FEE INFORMATIO						
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							iiuiii c iii	must be med	ADDRESS CH		<u></u>		
DOCUMENT #	GENERAL PARTINES INFORMATION								ADDITICOO OTT	AITGES SITE!	-,-		
NAME	TUCK, N. BARTON, JR. 3 ANTHONY PLACE GREENVILLE SC 29605					STREET ADDRESS						ĺ	
STREET ADDRESS CITY-ST-ZIP					CITY	/-ST-ZIP		800010415918 01/22/03 01041 009 ** 526, 25					
DOCUMENT # NAME					STRI	EET ADDRESS		UI/CCT	13 -01041-	-UU3 **	ಾದರಿ. ದು		
STREET ADDRESS CITY-ST-ZIP					CITY	'-ST-ZIP							
DOCUMENT # NAME		_			STRI	EET ADDRESS							
STREET ADDRESS CITY-ST-ZIP	•			American Super American	CITY	 '-ST-ZIP		;					
DOCUMENT # NAME					STRI	EET ADDRESS							
STREET ADDRESS City-St-Zip					CITY	'~ST-ZIP		,				_/	
DOCUMEŇT. ≠ NAME			v		STRE	EET ADDRESS			-				
STREET ADDRESS CITY-ST-ZIP						'~ST-ZIP		`_			V * 3		
DOCUMENT # NAME		-			STRE	EET ADDRESS		/			··		
STREET ADDRESS CITY-ST-ZIP		•		•	CITY	-ST-ZIP	ir.			<u> </u>			

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: