

2001 UNIFORM BUSINESS REPORT (UBR)

0020466 SP

APPROVED
AND
FILED

01 MAY -1 PM 6:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **A30117**

1. Entity Name
RELATED PALM BEACH, LTD.

Principal Place of Business 2828 CORAL WAY, PENTHOUSES MIAMI FL 33145	Mailing Address 2828 CORAL WAY, PENTHOUSES MIAMI FL 33145
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0252123		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE RELATED COMPANIES OF FLORIDA, INC.
2828 CORAL WAY, PENTHOUSES
MIAMI FL 33145**

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. (NOT: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$100.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # 617998	NAME RELATED CO.'S OF FL, INC	STREET ADDRESS	
STREET ADDRESS 2828 CORAL WAY, PENTHSES	CITY-ST-ZIP MIAMI FL	CITY-ST-ZIP	300004287583--8
			-05/22/01--01086--013
			****150.00 ****150.00
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	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: Angel Hernandez **ANGEL HERNANDEZ**
VICE - PRESIDENT
Date: 4/28/01 Daytime Phone #: (305) 460-9900

CR2E003 (11/00)