

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0021166 FP

DOCUMENT # A30117



1. Entity Name
RELATED PALM BEACH, LTD.

FILED

03 MAY -6 PM 7:21

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business
**2828 CORAL WAY, PENTHOUSES
MIAMI FL 33145**

Mailing Address
**2828 CORAL WAY, PENTHOUSES
MIAMI FL 33145**



2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2003	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0252123 Applied For 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 THE RELATED COMPANIES OF FLORIDA, INC. 2828 CORAL WAY, PENTHOUSES MIAMI FL 33145	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City FL Zip Code _____
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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 accept the obligations of registered agent.

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

9. Capital Contributions as Shown on record. \$100.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. 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 2828 CORAL WAY, PENTHSES CITY-ST-ZIP MIAMI FL	STREET ADDRESS _____ CITY-ST-ZIP _____
DOCUMENT # _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	STREET ADDRESS _____ CITY-ST-ZIP _____
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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: ANGEL HERNANDEZ **VICE-PRESIDENT** 4/2/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CF2E003 (10/02)

STAPLE CHECK HERE