

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000001897**

1. Entity Name

THE PALMS APARTMENTS OF WEST PALM BEACH, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 29 AM 10:41

Principal Place of Business

10718 KIRKALDY LANE
BOCA RATON FL 33498

Mailing Address

10718 KIRKALDY LANE
BOCA RATON FL 33498-6435



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0700917

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LICHTMAN, JONATHAN J
4800 NORTH FEDERAL HIGHWAY, SUITE D-100
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name
JONATHAN J. LICHTMAN, P.A.
Street Address (P.O. Box Number is Not Acceptable)
10718 KIRKALDY LANE
City
BOCA RATON FL Zip Code
33431

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.

JONATHAN J. LICHTMAN, P.A.

SIGNATURE

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

PROSIDENT
(NOTE: Registered Agent signature required when reinstating)

DATE

1/8/00

9. Capital Contributions as Shown on record.

\$1,100,000.00

10. Amount of Capital Contributions in FLORIDA to date.

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

DOCUMENT # **P96000083709**
NAME **PL APARTMENTS, INC.**
STREET ADDRESS **10718 KIRKALDY LANE**
CITY - ST - ZIP **BOCA RATON FL 33498**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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STREET ADDRESS

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Wf 3/13/00

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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:

SIGNATURE REQUIRED
[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

PROSIDENT

DATE

1/8/00

DAYTIME PHONE #

(813) 997-0012

CR2E003 (9/99)