

2001 UNIFORM BUSINESS REPORT (UBR)

X008935 AF

DOCUMENT # A96000001897 1. Entity Name THE PALMS APARTMENTS OF WEST PALM BEACH, LTD.		FILED 01 JAN 29 AM 11: 52 SECRETARY OF STATE TALLAHASSEE FLORIDA	
Principal Place of Business 10718 KIRKALDY LANE BOCA RATON FL 33498		Mailing Address 10718 KIRKALDY LANE BOCA RATON FL 33498	
2. Principal Place of Business 4800 NORTH FEDERAL HWY. Suite, Apt. #, etc. SANCTUARY CENTRE, STE D-100		3. Mailing Address Suite, Apt. #, etc. City & State BOCA RATON, FL	
City & State BOCA RATON, FL		4. FEI Number 65-0700917	
Zip 33431 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LICHTMAN, JONATHAN J P.A. 10718 KIRKALDY LANE BOCA RATON FL 33498		7. Name and Address of New Registered Agent Name JONATHAN J. LICHTMAN, P.A. Street Address (P.O. Box Number is Not Acceptable) 4800 NORTH FEDERAL HIGHWAY. SANCTUARY CENTRE, SUITE D-100 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.			
SIGNATURE JON LICHTMAN, PRESIDENT 1/12/01 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. Capital Contributions as Shown on record. \$1,100,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$580,000.00	
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 # NAME STREET ADDRESS CITY-ST-ZIP	P96000083709 PL APARTMENTS, INC. 10718 KIRKALDY LANE BOCA RATON FL 33498	STREET ADDRESS CITY-ST-ZIP	100003661261--1 -02708701--01034--018 ***526.25 ***526.25
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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			
BY: PL APARTMENTS, INC., GEN. PARTNER SIGNATURE: JON LICHTMAN, PRESIDENT 1/12/01 (581) 492-0012 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>			

CR2E003 (11/00)