


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT. (UBR)

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DOCUMENT # A96000002411

1. Entity Name
PALMETTO DUNES, LTD.



FILED
03 APR 25 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
800 NORTH HIGHLAND AVE., SUITE 200
ORLANDO FL 32803

Mailing Address
P.O. BOX 4961
ORLANDO FL 32802-4961



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2003

4. FEI Number **16-1667777** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FLORIDA
390 N. ORANGE AVE., SUITE 1100
ORLANDO FL 32801

7. Name and Address of New Registered Agent

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. 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. \$14,012,050.00	10. Amount of Capital Contributions in FLORIDA to date. \$14,012,050.00	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 #	P96000102142	STREET ADDRESS	
NAME	PALMETTO DUNES, INC.	CITY-ST-ZIP	
STREET ADDRESS	800 NORTH HIGHLAND AVE., SUITE 200		
CITY-ST-ZIP	ORLANDO FL 32803		
DOCUMENT #		STREET ADDRESS	200017334742
NAME		CITY-ST-ZIP	04/30/03--01001--025 **526.25
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
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

By: Palmetto Dunes, Inc.
SIGNATURE: [Signature] **REQUIRED** 4-18-03 407/297-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR05003 (10/02)