

526.25

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000000616**

1. Entity Name
2055 PBL, LTD

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 25 AM 3: 05



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**800 NORTH FLAGLER DRIVE
WEST PALM BEACH FL 33401**

Mailing Address
**800 NORTH FLAGLER DRIVE
WEST PALM BEACH FL 33401-3720**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0849496**

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARSENAULT, GERARD A
800 NORTH FLAGLER DRIVE
WEST PALM BEACH FL 33401**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$150,000.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT #	P98000021074
NAME	2055 PBL, INC.
STREET ADDRESS	800 NORTH FLAGLER DRIVE
CITY - ST - ZIP	WEST PALM BEACH FL 33401
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
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STREET ADDRESS	
CITY - ST - ZIP	400003264264--3 -05/23/00--01118--024 ***526.25 ***526.25
STREET ADDRESS	
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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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **4/17/01** (561) 655-3113
Daytime Phone #

CR2E003 (9/99)