

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000000251**

1. Entity Name
PALMETTO CAPITAL FUND L.C.

FILED
01 APR 16 PM 3: 11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
% GRASSANO ACCOUNTING, P.A.
1515 N. FEDERAL HWY SUITE 218
BOCA RATON FL 33432 % GRASSANO ACCOUNTING, P.A.
1515 N. FEDERAL HWY SUITE 218
BOCA RATON FL 33432

2. Principal Place of Business 3. Mailing Address
3845 WINDMILL LAKES RD **900 N. FEDERAL HWY**
Suite, Apt. #, etc. Suite, Apt. #, etc.
 #160

City & State City & State
WESTON, FL **BOCA RATON, FL**
Zip Country Zip Country
33332 **USA** **33432** **USA**

4. FEI Number Applied For
65-0969229 Not Applicable
5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
PALMETTO PROPERTY MANAGEMENT CORP.
% GRASSANO ACCOUNTING, P.A.
1515 N. FEDERAL HWY SUITE 218
BOCA RATON FL 33432

7. Name and Address of New Registered Agent
Name **N. RICHARD GRASSANO**
Street Address (P.O. Box Number Is Not Acceptable)
900 N. FEDERAL HWY #160
City **BOCA RATON** FL Zip Code **33432**

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 *N. Richard Grassano* DATE **4/11/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
400004065214--7
-04/24/01--01109--025
*******50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Nancy Morris* MANAGER DATE: **4/11/01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)