DOCUMENT # A29685  1. Entity Name *				#11 FT) ==	
VINTAGE OF THE PALM BEACHES, LTD.				FILED SECRETARY OF STATE DIVISION OF CORPORATIONS	
VIII	of the trial periodes, and			DIVISION OF GO II ON	
Principal Place	e of Business	Mailing Address		00 APR 28 PM 12: 06	
4500 PGA BOULEVARD 4500 PGA BOULEVARD					
SUITE 400 SUITE 400					
PALM BEACH GARDENS FL 3341B PALM BEACH GARDENS FL 33			. 33418-3965	T TO BEHALF TRANS TRANS TRANS TRANSFORM OF AN EXPORT BUBBLE (1984) (1984) (1984) (1984)	
2. Principal Place of Business 3. Mailing Address					
4500 PG	4	4500 PGA BLVD.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
SUITE 303A City & State		SUITE 303A City & State		4. FEI Number or 0470040 Applied For	
PALM BEACH GARDENS, FL		PALM BEACH GARDENS, FL		65-01/3819 Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required	
33418	USA 6. Name and Address of Current I	33418 Registered Agent	USA	7. Name and Address of New Registered Agent	
Name					
Street Address (P.				VOSTA , OTTO B , ddress (P.O. Box Number is Not Acceptable)	
4500 PGA BOULEVARD					
SUITE 400			45	4500 PGA BLVD., SUITE 303A	
PALM BEACH GARDENS FL 33418			City PA	PALM BEACH GARDENS, FL Zip Code 33418	
8. The above named sortity submits this statement to the porpose of changing its registered office or registered agent, or both, in the State of Florida.					
SIGNATURE 4-12-00					
SIGNATURE Signature Dead of printed name of adjistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE					
9. Capital Contributions as \$3,000,000.00 as Shown on record.  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.	NOTE: General Partners MA  GENERAL PARTNER		form; an ame	ADDRESS CHANGES ONLY	
DOCUMENT /	L09351			1,55,1,000 0.11.11.01.01.01.01.01.01.01.01.01.01.01	
NAME	VINTAGE OF PLM BCHS, INC		STREET ADDRESS	4500 PGA BLVD., SUITE 303A	
STREET ADDRESS CITY+ST-ZIP	4500 PGA BLVD PALM BEACH GDNS FL		CITY-ST-ZEP	PALM BEACH GARDENS, FL 33418	
DOCUMENT #			STREET ADDRESS		
NAME STREET ADORESS				<u>200003268802</u> 8 -05/26/0001085917	
CITY-ST-ZIP	<u> </u>		CFTY-ST-ZBP	****437,50 ****437,50	
DOCUMENT # NAME		· <del></del>	STREET ADDRESS		
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CITY-ST-ZEP				<u> </u>	
DOCUMENT # NAME			STREET ADDRESS	2000032688028 -05/26/0001085018 *****88.75 *****88.75	
STREET ADDRESS			CITY-ST-ZEP		
CITY-ST-ZIP	<u> </u>				
Document# Name	,		STREET ADDRESS		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP	<u> </u>				
DOCUMENT# NAME_	· :		STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP		
1.	certify that the information supplied with	this filing does not qualify for the	he exemption sta	Led in Section 119.07(3)(i), Florida Statutes. I further certify that the information	
14. Thereby 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					

The Palm Beaches, Inc., G.P.

TRE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Otto B. DiVosta, President

SIGNATURE:

561/691-9050 Daytime Phone #

4-12-00