

# 2001 UNIFORM BUSINESS REPORT (UBR)

000737 AF

DOCUMENT # **A29685**

1. Entity Name

**VINTAGE OF THE PALM BEACHES, LTD.**

APPROVED  
AND  
FILED

01 MAY -1 AM 9:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>4500 PGA BOULEVARD SUITE 303A 207 PALM BEACH GARDENS FL 33418</b>	Mailing Address <b>4500 PGA BOULEVARD SUITE 303A 207 PALM BEACH GARDENS FL 33418</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>65-0173819</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**DIVOSTA, OTTO B  
4500 PGA BOULEVARD  
SUITE 303A 207  
PALM BEACH GARDENS FL 33418**

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.

SIGNATURE \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. <b>\$3,000,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO 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

DOCUMENT # <b>L09351</b>	NAME <b>VINTAGE OF PLM BCHS, INC</b>
STREET ADDRESS <b>4500 PGA BLVD, STE. 303A 207</b>	
CITY-ST-ZIP <b>PALM BEACH GDNS FL</b>	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED \_\_\_\_\_

\_\_\_\_\_ 561-691-9050

\_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E003 (11/00)