

2002 UNIFORM BUSINESS REPORT (UBR)

0010972 AT

APPROVED
AND
FILED

02 APR -1 PM 1:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A95000001685

1. Entity Name
THE PALMS 2100 OCEAN BOULEVARD, LTD.

Principal Place of Business: **2200 N. ATLANTIC BLVD. FT. LAUDERDALE FL 33305**
Mailing Address: **2200 N. ATLANTIC BLVD. FT. LAUDERDALE FL 33305**



2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State

4. FEI Number: **65-0625015** Applied For: Not Applicable

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

DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent
**FAIRMAN, NEIL
2100 N. ATLANTIC BLVD.
FT. LAUDERDALE FL 33305**

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record: **\$0.00**
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 #	K74912	STREET ADDRESS	
NAME	PLAZA PROPERTIES GROUP, INC.	CITY - ST - ZIP	
STREET ADDRESS	2200 N. ATLANTIC BLVD.		
CITY - ST - ZIP	FT. LAUDERDALE FL 33305		
DOCUMENT #		STREET ADDRESS	6000005204986--7
NAME		CITY - ST - ZIP	-04/08/02--01049--026
STREET ADDRESS			****141.25 ****141.25
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
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

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

954
MAR 27 2002 6308880
Date: _____ Daytime Phone #

CR2E003 (9/01)

SIMPLE CHECK HERE