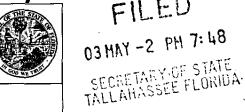
2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

A29685 **DOCUMENT #**

VINTAGE OF THE PALM BEACHES, LTD.





Principal Place of Business 4500 PGA BOULEVARD SUITE 207 PALM BEACH GARDENS FL 33418			Mailing Address 4500 PGA BOULEVARD SUITE 207 PALM BEACH GARDENS FL 33418			TALLAHASSEE			
2. Principal Place of Business			3. Mailing Address			T LOBERTY COLO TIQUE TULIO BIJOT RIVED EXIL BIBLY BIBLY BIBLY BIBLY BIBLY BIBLY FIREY.			
Suite, Apt. #, etc.			Suite, Apt. #, etc.		DUE BY MAY 1, 2003				
City & State			City & State			4. FEI Number	65-0173819		Applied For Not Applicable
Zip Country			Zip Country		5. Certificate of	Status Desired		8.75 Additional see Required	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
					Name				
DIVOSTA, 4500 PGA	BOULEVA	RD .		Street Addre		ess (P.O. Box Number is Not Acceptable)			
SUITE 207									
PALM BEA		}	City		<u> </u>	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. I am familiar with, and accept									
the obligations of registered agent. SIGNATURE ————————————————————————————————————									
Signature, typed or printed name of registered agent and title if applicable. DATE									
9. Capital Contributions as Shown on record. \$3,000,000.00 in FLORIDA to date.					outions) FL. DEPT. OF STATE 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					un un cham	ADDRESS CHANGES ONLY			
DOCUMENT #	L09351 VINTAGE	OF PLM BCHS, INC		STREE	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP		Boulevard, Ste 20 ACH Gardens FL 334		CITY-	ST-ZIP				
DOCUMENT #				STREE	ET ADDRESS	.=			
STREET ADDRESS CITY-ST-ZIP				CITY-	ST-ZIP	05/02/0:	101791 3011020	159 110 **	2 526.25
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DOCUMENT # NAME				STREE	T ADDRESS				
STREET ADDRESS CITY-ST-ZIP				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:

MONIFICATION B. DIVOSTA

4/2/03

Date

561/691~9050

Daytime Phone #