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03 MAY -6 PM 8:39

SECRETARY OF STATE
TALLAHASSEE FLORIDA

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001265

1. Entity Name
L'PLACE PROPERTIES, LTD.

Principal Place of Business	Mailing Address
150 TEQUESTA DR., #215 TEQUESTA, FL 33469-2773	150 TEQUESTA DR., #215 TEQUESTA, FL 33469-2773

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **65-0846957** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEVITAN, ARNOLD 386 EAGLE DRIVE JUPITER, FL 33477	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. I am familiar with, and accept the obligations of registered agent.

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

9. Capital Contributions 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
$1,000,000.00		

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 #	P98000041943	STREET ADDRESS	
NAME	L'PLACE PROPERTIES, INC.	CITY-ST-ZIP	
STREET ADDRESS	386 EAGLE DRIVE		
CITY-ST-ZIP	JUPITER, FL 33477		
DOCUMENT #		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: A. LEVITAN, Pres. L'PLACE PROPERTIES INC. 4-30-2003 561 575-3190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #