## 2000 UNIFORM BUSINESS REPORT (UBR) FILED May 12, 2000 8:00 am Secretary of State **DOCUMENT # 519794** 1. Entity Name IMPERIAL PALMS APARTMENTS CO. LTD. 05-12-2000 90027 045 \*\*\*150.00 Mailing Address Principal Place of Business 1107 HAZELTINE BLVD 1107 HAZELTINE BLVD STE #200 STE #200 CHASKA MN 55318 CHASKA MN 55318-1043 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 41-1600317 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 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 (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ■ Addition PD ☐ Delete TITLE ← Change TITLE NAME NAME GOODMAN, JOHN B. STREET ADDRESS STREET ADDRESS 1107 HAZELTINE BLVD #200 CITY-ST-ZIP CITY-ST-ZIP CHASKA MN DVS Change Addition ☐ Delete TITI F TITLE GODMAN, SIDNEY A. NAME GOODMAN, SIDNEY A. NAMÉ STREET ADDRESS STREET ADDRESS 1107 HAZELTINE BLVD #200 55318 CITY-ST-ZIP CHASKA, MD CITY-ST-ZIP CHASKA MN PETERKA, DAN R. ☐ Delete TITLE\_ TITLE NAME NAME 1107 HALELTINE BLVD., #200 STREET ADDRESS STREET ADDRESS CHASKA, MN 55318 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE SEIFERT. MELINDA NAME NAME 1107 HAZELTINE BLVD. 1 #200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHASKA, MN 55318 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made underloath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

elinda Seitert 4/256