

2001 UNIFORM BUSINESS REPORT (UBR)

0009627 AF

DOCUMENT # A0000000831

1. Entity Name
AUSTRALIAN REALTY PARTNERS LIMITED PARTNERSHIP

Principal Place of Business: **350 SOUTH COUNTY RD. STE NO. 201 PALM BEACH FL 33480**

Mailing Address: **350 SOUTH COUNTY RD. STE NO. 201 PALM BEACH FL 33480**

FILED
2001 MAY 11 PM 2:07

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

3. Mailing Address: Suite, Apt. #, etc.

City & State

4. FEI Number Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
BEASON, TAMELA
350 SOUTH COUNTY RD, STE NO.201
PALM BEACH FL 33480

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$1,000.00**

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 #	P95000068680	STREET ADDRESS	
NAME	PARTNERSHIP MANAGEMENT SERVICES, INC.	CITY-ST-ZIP	
STREET ADDRESS	350 SOUTH COUNTY RD, STE NO. 201		
CITY-ST-ZIP	PALM BEACH FL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	500004397315--0
STREET ADDRESS			-06/11/01--01038--001
CITY-ST-ZIP			***1615.00 ***150.00
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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: W.L. LeNeve
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Pres of GP **4/30/01** **561-832-1799**
Date Daytime Phone #

CR2E003 (11/00)