

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000000831

1. Entity Name

AUSTRALIAN REALTY PARTNERS LIMITED PARTNERSHIP

Principal Place of Business

Mailing Address

350 SOUTH COUNTY RD. STE NO. 201  
PALM BEACH FL 33480

350 SOUTH COUNTY RD. STE NO. 201  
PALM BEACH FL 33480

FILED

02 JUL -8 AM 8:53

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH



65-1009465

DUE BY SEPTEMBER 25, 2002

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number APPLIED FOR  
65-1009465

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BEASON, TAMELA

350 SOUTH COUNTY RD, STE NO.201  
PALM BEACH FL 33480

Name

W. Lawrence LeNere

Street Address (P.O. Box Number is Not Acceptable)

350 S. County Rd, Suite 201

City

Palm Beach

FL

Zip Code

33415

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.

7/5/02

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  
NAME PARTNERSHIP MANAGEMENT SERVICES, INC.  
STREET ADDRESS 350 SOUTH COUNTY RD, STE NO. 201  
CITY-ST-ZIP PALM BEACH FL

STREET ADDRESS

000005604 530

CITY-ST-ZIP

05/13/02 01006 005

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

\$150.00

DOCUMENT #  
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7/5/02

Date

561-832-1299

Daytime Phone #

CR2E003 (4/02)