

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001707

1. Entity Name

PALM BAY CLUB FINANCING PARTNERSHIP, LTD.

Principal Place of Business

515 N. FLAGLER DR., STE 910
WEST PALM BEACH FL 33401

Mailing Address

515 N. FLAGLER DR., STE 910
WEST PALM BEACH FL 33401

2. Principal Place of Business

Daryl Cramer & Assoc., P.A.

Suite, Apt. #, etc.

515 N. Flagler Dr., Ste. 910

City & State

West Palm Beach, FL

Zip

33401

City & State

3. Mailing Address

Daryl Cramer & Assoc., P.A.

Suite, Apt. #, etc.

515 N. Flagler Dr., Ste. 910

City & State

West Palm Beach, FL

Zip

33401

Country

USA

Country

USA

4. FEI Number

65-1058526

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Name

DARYL CRAMER & ASSOCIATES, P.A.
515 N. FLAGLER DR., STE 910
WEST PALM BEACH FL 33401

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$800,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$800,000.00

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP

P0000104506
PALM BAY CLUB GENERAL PARTNERS, INC.
515 N. FLAGLER DR., STE 910
WEST PALM BEACH FL 33401

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

800004419688 51
-06/14/01-01043-017
*****88.75 *****88.75

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

800004419688 51
-06/14/01-01043-018
*****446.25 *****446.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

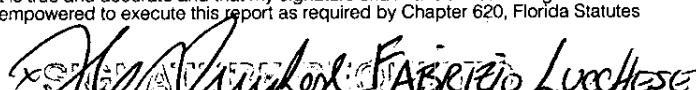
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

APR 23, 2001 905-882-1212
Date Daytime Phone #

FILED

01 JUN -8 PM 12: 18

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

000024
AF

CR2E003 (11/00)