2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

01 MAY -7 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A00000001786

1. Entity Name
PALM BEACH HOMES, LTD.

Principal Place of Business	Mailing Address
21205 NE 37TH AVE Suite 1210 AVENTURA, FL 33180	21205 NE 37TH AVE SUITE 1210 Aventura, FL. 33180

2. Principal Place of Business	3. Mailing Address
6015 TOWN COLONY DR.	6015 TOWN COLONY Dr.
Suite, Apt. #, etc.: 312	Suite, Apt. #, etc.: 312
City & State: BOCA RATON FL	City & State: BOCA RATON, FL
Zip: 33433 Country: USA	Zip: 33433 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1058683 ☐ 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
LEEDS, STEVEN 21205 YACHT CLUB Dr. #1210 AVENTURA, FL. 33180	Name: LEEDS, STEVEN Street Address (P.O. Box Number is Not Acceptable): 6015 Town Colony Drive # 312 City: BOCA RATON FL Zip Code: 33433

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: Steven Leeds 4-30-01
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.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
0.		

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 #	P00000103816	STREET ADDRESS	6015 TOWN COLONY Dr. #312
NAME	ILJ MANAGEMENT CORP.	CITY-ST-ZIP	BOCA RATON, FL. 33433
STREET ADDRESS	21205 NE 37TH AVE #1210		
CITY-ST-ZIP	AVENTURA, FL. 33180		
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CITY-ST-ZIP			

CR2E003 (11/00)

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: President ILJ MANAGEMENT 4-30-01 561/487-9697
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #