

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000001433

1. Entity Name

PALM BAY CLUB APARTMENTS, LTD.

Principal Place of Business Mailing Address
 C/O DARYL CRAMER & ASSOCIATES, P.A.
 515 N. FLAGLER DRIVE, SUITE 910
 WEST PALM BEACH FL 33401
 C/O DARYL CRAMER & ASSOCIATES, P.A.
 515 N. FLAGLER DRIVE, SUITE 910
 WEST PALM BEACH FL 33401

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

FILED

02 JUN -5 PM 11:01

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

5986000
 AV



DUE BY MAY 1, 2002

4. FEI Number 58-2585749 Applied For
 Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
 Not Applicable

6. Name and Address of Current Registered Agent

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

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

DATE

9. Capital Contributions \$990,000.00 10. Amount of Capital Contributions \$1,416,565.00 11. MAKE CHECK PAYABLE TO DEPT. OF STATE
 as shown on record. in FLORIDA to date. 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	P00000104506 PALM BAY CLUB GENERAL PARTNER, INC. 515 N. FLAGLER DRIVE, SUITE 910 WEST PALM BEACH FL 33401	STREET ADDRESS CITY-ST-ZIP	3000005727443-0 -06/10/02-01008--024 ****535.00 ****535.00
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CR2E03 (9/01)

STAPLE CHECK HERE

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

Palm Bay Club General Inc.

By: *[Signature]*

SIGNATURE: *[Signature]* REQUICK, President 22-04-02 905-882-1212

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #