

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **A01000001450**

1. Entity Name
101 PALM BEACH REGENT, LLLP



FILED

03 SEP -2 AM 9:25

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business
**184 BRADLEY PLACE, UNIT #101
PALM BEACH FL 33480**

Mailing Address
**2 CH SEBASTIEN-CASTELLION
COLOGNY
SWITZERLAND CH-1223**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **APPLIED FOR
71-0943890**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DUE BY SEPTEMBER 24, 2003

6. Name and Address of Current Registered Agent

**101 PARC REGENT, LLC
184 BRADLEY PLACE, UNIT #101
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions **\$5,000,000.00**
as Shown on record.

10. Amount of Capital Contributions
in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO FL. 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

DOCUMENT # **L01000003856**
NAME **101 PARC REGENT, LLC**
STREET ADDRESS **184 BRADLEY PLACE, UNIT #101**
CITY-ST-ZIP **PALM BEACH FL 33480**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

500022702755

03/02/03--01069--004 **326.25

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (4/03)

STAPLE CHECK HERE