

526.25

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A01000001657

1. Entity Name

Congress Avenue Properties, Ltd.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 MAY 28 AM 9:40
hl 6/4

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4500 PGA Blvd.

3. Mailing Address
4500 PGA Blvd.

DO NOT WRITE IN THIS SPACE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 207

Suite 207

City & State

City & State

Palm Beach Gardens, FL

Palm Beach Gardens, FL

Zip
33418

Country
USA

Zip
33418

Country
USA

DUE BY MAY 1

4. FEI Number

69-0003982

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Judith M. Galui

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

4500 PGA Blvd.

Suite 207

City

Palm Beach Gardens

FL

Zip Code
33418

**DO NOT WRITE
IN THIS SPACE**

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.

4-11-02

DATE

9. Capital Contributions
as Shown on record.

\$5,445,000.00

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

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

L990000003526
Perpetuities Trust Holdings, LLC
4500 PGA Blvd., Suite 207
Palm Beach Gardens, FL 33418

STREET ADDRESS

CITY - ST - ZIP

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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

Judith M. Galui, Managing Member

4/11/02

Date

561/691-9050

Daytime Phone #

CR2E003B (12/01)

**DO NOT WRITE
IN THIS SPACE**

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STAPLE CHECK HERE