

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0000284
AV

DOCUMENT # **A02000000362**



FILED

03 JAN 23 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Entity Name
PALM BEACH APARTMENT ASSOCIATES, LTD.

Principal Place of Business
**359 CAROLINA AVE.
WINTER PARK FL 32789**

Mailing Address
**359 CAROLINA AVE.
WINTER PARK FL 32789**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number
03-0411410

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**DOWNING, GRANT T
222 WEST COMSTOCK AVE., SUITE 101
WINTER PARK FL 32789**

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 as Shown on record. **\$7,500.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
P02000028183	EPI-PALM BEACH EQUITY, INC.	359 CAROLINA AVE.	WINTER PARK FL 32789

STREET ADDRESS	CITY-ST-ZIP

600010672756
01/23/03--01064--007 **140.85
141.25

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

1/6/03
Date

Daytime Phone #

CR2E003 (10/02)