

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A02000001628

1. Entity Name

PALM BEACH GARDENS LIMITED PARTNERSHIP



FILED

03 FEB 27 AM 8:56

20001-01-01
02/25/03--01/29/04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business

751 Park of Commerce Dr.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 128

City & State

City & State

Boca Raton, FL

4. FEI Number

05-0545014

Applied For

Not Applicable

Zip

Country

Zip

Country

33487

Palm Beach

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Nancy Coleman, Esq

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

Baritz + Coleman, LLP

150 E. Palmetto PK Rd # 750

City

Boca Raton

FL

Zip Code

33432

**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. 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.

2,000,000

10. Amount of Capital Contributions in FLORIDA to date.

2,000,000

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 # P02000129350
NAME Palm Beach Gardens, Inc
STREET ADDRESS 751 Park of Commerce Dr. #128
CITY-ST-ZIP Boca Raton, FL 33487

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/15/03

Date

Daytime Phone #

CR2E003B (12/02)