1 UNIFORM BUSINESS REPORT (UBR)

000339 AF

DOCUMENT # A07207

1. Entity Name

PALM GROVE GARDENS, LTD.

FILED

01 JUN 20 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
280 PARK AVENUE. EAST BLDG.. 20TH FLOOR NEW YORK NY 10017	280 PARK AVENUE. EAST BLDG.. 20TH FLOOR NEW YORK NY 10017

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1775 Broadway	3100 Monticello
Suite, Apt. #, etc. 23rd Floor	Suite, Apt. #, etc. Suite 200
City & State New York NY	City & State Dallas TX
Zip / Country 10019 / USA	Zip / Country 75205 / USA

4. FEI Number 11-2495631 ☐ Applied For ☐ Not Applicable

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
CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$518,850.00	$518,850.00	

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 #	P96000033648	STREET ADDRESS	1775 Broadway, 23rd Floor
NAME	HERON COVE NATIONAL, INC.	CITY-ST-ZIP	New York, New York 10019
STREET ADDRESS	280 PARK AVENUE, EAST BLDG., 20TH FL.		
CITY-ST-ZIP	NEW YORK NY 10017		
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (11/00)

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

HERON COVE NATIONAL, INC.

SIGNATURE: SIGNATURE REQUIRED Kathryn Mansfield KATHRYN MANSFIELD 4-9-01 214-599-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #