

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A09026**

1. Entity Name  
**PALMETTO 4 BAY, LTD.**

Principal Place of Business  
**7135 N.W. 74TH ST.  
MIAMI FL 33166**

Mailing Address  
**7135 N.W. 74TH ST.  
MIAMI FL 33166**

2. Principal Place of Business  
**2020 King Air Court**  
Suite, Apt. #, etc.

3. Mailing Address  
**2020 King Air Court**  
Suite, Apt. #, etc.

City & State  
**Daytona Beach FL**

City & State  
**Daytona Beach FL**

Zip Country  
**32128 Volusia**

Zip Country  
**32128 Volusia**

4. FEI Number  
**59-2068923**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**AUSTEN, PETER T.  
7135 N.W. 74TH STREET  
MIAMI FL 33166**

## 7. Name and Address of New Registered Agent

Name  
**Same**

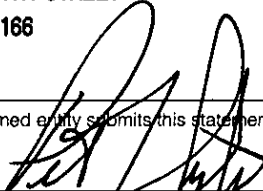
Street Address (P.O. Box Number is Not Acceptable)  
**2020 King Air Court**

City  
**Daytona Beach**

State  
**FL**

Zip Code  
**32128**

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  **Peter T. Austen** **1-16-2002**  
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions  
as Shown on record. **\$375,000.00**

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

**AMES, RONALD  
4401 N FEDERAL HIGHWAY, SUITE 204  
BOCA RATON FL 33431**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**AUSTEN, PETER T.  
7135 N.W. 74TH ST  
MIAMI FL**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MIGONE, BRUCE  
7125 N.W. 74TH ST  
MIAMI FL**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**200004794822--7  
-01/24/02--01078--010  
\*\*\*\*526.25 \*\*\*\*526.25**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

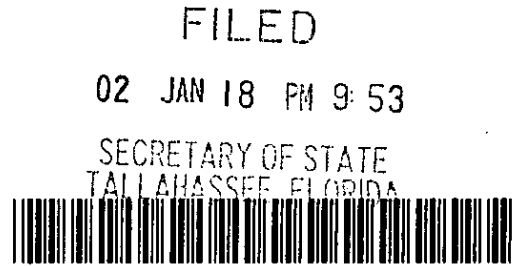
DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:  **Peter T. Austen**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**1-16-2002**

Date Daytime Phone #



CR2E003 (9/01)