

# 2001 UNIFORM BUSINESS REPORT (UBR)

0019086 AB

162

*[Handwritten signature]*

**DOCUMENT # A17306**

1. Entity Name

**JONES WALKER PALM GARDENS ASSOCIATES, LTD.**

**FILED**  
01 FEB 16 AM 9:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

818 W BROOKS AVE  
NORTH LAS VEGAS NV 89030

Mailing Address

818 W BROOKS AVE  
NORTH LAS VEGAS NV 89030



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2312972

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

**SCHAEFFER, NEIL**  
**8452 GARDENS CIRCLE #4**  
**SARASOTA FL 34243**

Name

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

**243 North Shore Drive**

City

**Osprey**

**FL**

Zip Code  
**34229**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

**\$65,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**0.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**BIRD, ALLAN S.**  
**818 W BROOKS AVE**  
**NORTH LAS VEGAS NV 89030**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P22683**  
**MYAL PARTNERSHIP MANAGEMENT SERVICES, INC.**  
**818 W BROOKS AVE**  
**NORTH LAS VEGAS NV 89030**

STREET ADDRESS

CITY-ST-ZIP

**700003745777--0**  
**-02/21/01--01093--014**

**\*\*\*\*150.00 \*\*\*\*150.00**

DOCUMENT #  
NAME  
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

**See Attached Signature Block**

**SIGNATURE:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

**James D. Salo**

**2/1/01**

**(702) 313-3700**

Date

Daytime Phone #

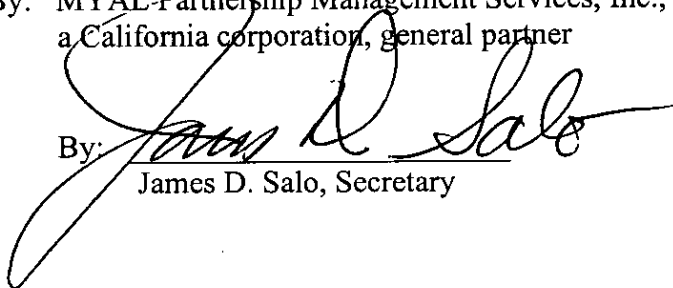
CR2E003 (11/00)

**Signature Block:**

**Jones Walker Palm Gardens Associates, Ltd.,**  
a Georgia general partnership,

By: MYAL Partnership Management Services, Inc.,  
a California corporation, general partner

By:

A handwritten signature in black ink, appearing to read "James D. Salo", is written over a horizontal line. The signature is fluid and cursive.

James D. Salo, Secretary