2001 UNIFORM BUSINESS REPORT (UBR)

000492 AF

DOCUMENT # A18365

1. Entity Name

SABAL PALM ASSOCIATES, LTD.

FILED
01 JAN 31 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2828 CORAL WAY PENTHOUSE SUITE MIAMI FL 33145	2828 CORAL WAY PENTHOUSE SUITE MIAMI FL 33145

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 13-3245546 — 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
HERNANDEZ, ANGEL 2828 CORAL WAY PENTHOUSE MIAMI FL 33145	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 _____
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.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$1,479,099.90		

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 #	617998	STREET ADDRESS	400003654404--3
NAME	THE RELATED COMPANIES OF FLORIDA, INC.		-02/06/01--01084--015
STREET ADDRESS	2828 CORAL WAY	CITY-ST-ZIP	****535.00 ****535.00
CITY-ST-ZIP	MIAMI FL		
DOCUMENT #		STREET ADDRESS	POSTED
NAME			
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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: _____ ANGEL HERNANDEZ VICE PRESIDENT 1/16/01 305460 9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)