

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

**LIMITED PARTNERSHIP
ANNUAL REPORT
1998**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

97 DEC 26 AM 9:29



1. Name of Limited Partnership

**1a. DOCUMENT #
A20823**

PALM B C.V., LTD.

Mailing Address

Principal Office Address

**166 LOOKOUT PLACE
SUITE 201
MAITLAND FL 32751**

**166 LOOKOUT PLACE
SUITE 201
MAITLAND FL 32751**

3. Date Formed or Registered

09/24/1985

**5a. Capital Contributions as
Shown on record.**

\$785,000.00

3a. Date of Last Report

01/03/1997

**5b. Amount of Capital
Contributions in FLORIDA
to date:**

785,000.00

4. State or Country of Formation

OC

**2. Mailing Address
175**

**2a. Principal Office Address
175**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

6. FEI Number

98-0073088

☐ Applied for
☐ Not Applicable

7. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

**LEERDAM, A.C.
466 LOOKOUT PL SUITE 201
MAITLAND FL 32751**

10. If changed, new Registered Agent/Office

Name

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

175

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

**11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)**

11b. City, State & Zip Code

**11c. Registration/
Document Number**

PALM "B" BEHEER B.V.

166 LOOKOUT PLACE, SU

MAITLAND FL 32751

P07790

**900002394869-9
-01/09/98-01002-026
****541 25 ****541 25**

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE

DATE 12/22/97

Typed or Printed Name of General Partner Signing Form A. C. Leerdam

Daytime Telephone Number (407) 645-5244

CP2003 (6/97)