

FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
REVOCATION AND \$500 PENALTY FEE

FILED

98 MAY 13 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



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

1. Name of Limited Partnership

1a. DOCUMENT #
A21404

PALM PLACE LIMITED PARTNERSHIP



Mailing Address

6400 CONGRESS AVENUE
SUITE 2000
BOCA RATON FL 33487

Principal Office Address

6400 CONGRESS AVENUE
SUITE 2000
BOCA RATON FL 33487

3. Date Formed or Registered

12/06/1985

5a. Capital Contributions as
Shown on Record

270,000

3a. Date of Last Report

12/19/1996

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

-0-

4. State or Country of Formation

FL

2. Mailing Address

2859 PACES FERRY ROAD

2a. Principal Office Address

Suite, Apt. #, etc.
SUITE 1400

City & State

ATLANTA, GA

City & State

Zip

30339

Country

USA

Zip

Country

6. FEI Number

59-2612119

☐ 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

FISH, DEBORAH L
6400 CONGRESS AVENUE, SUITE 2000
BOCA RATON, FL 33487

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

2000002528582

City

05/19/98-01036-001
****291.25 FL ****141.25

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)

CROW, TERWILLIGER & WOOD

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

6400 CONGRESS AVENUE

11b. City, State & Zip Code

ALTAMONTE SPRINGS FL

11c. Registration/
Document Number

F75632

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

Daniel Ellwell

VP

DATE

FEB 9, 1998

CR2E003 (12/97)