2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   **A21540**

1. Entity Name

PALM HARBOR SHOPS, LTD.

Principal Place of Business	Mailing Address
36091 - 35501 U.S. 19 NORTH	P.O. BOX 402097
PALM HARBOR FL 34864	MIAMI BEACH FL 33140

FILED

01   APR 23   PM 12: 40

SECRETARY OF STATE
TALLAHASSEE FLORIDA

2. Principal Place of Business	**3.** Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE
City & State	City & State	**4.** FEI Number **59-2584302** — 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
PALM HABOR SHOPS, INC. 5446 NORTH BAY RD. MIAMI BEACH FL 33140	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. **$990.00**	**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	**13.** ADDRESS CHANGES ONLY
DOCUMENT # **H78526** NAME **PALM HARBOR SHOPS, INC.** STREET ADDRESS **5446 NORTH BAY RD** CITY-ST-ZIP **MIAMI BEACH FL**	STREET ADDRESS CITY-ST-ZIP
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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: SIGNATURE REQUIRED   Sau Brotmann   1-29-01   (305) 868-5131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   Agent   Date   Daytime Phone #

0004669   AF

CR2E003 (11/00)