

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0020566 MIB

DOCUMENT # A23605



1. Entity Name
PALM BEACH COLONY, LTD.

FILED
03 APR 30 AM 5:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business 6160 SO. SYRACUSE WAY GREENWOOD VILLAGE CO 80111	Mailing Address 6160 SO. SYRACUSE WAY GREENWOOD VILLAGE CO 80111
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DUE BY MAY 1, 2003

4. FEI Number **65-0471765** 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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$3,662,847.62	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 #	F93000004837
NAME	CHATEAU COMMUNITIES, INC.
STREET ADDRESS	6160 SO. SYRACUSE WAY
CITY-ST-ZIP	GREENWOOD VILLAGE CO 80111

STREET ADDRESS	400017349914
CITY-ST-ZIP	04/30/03-01018-018 **528.25

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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 *Fedora* 042403

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (10/02)

SAMPLE CHECK HERE