

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



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

FILED

OCT 16 AM 7:56

CLERK OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
A24448

PALM BEACH COMMERCE CENTER ASSOCIATES, LTD.

99-AR
CM



Mailing Address

Principal Office Address

551 N.W. 77TH STREET
STE 114
BOCA RATON FL 33487

551 N.W. 77TH STREET
STE 114
BOCA RATON FL 33487

3. Date Formed or Registered

04/29/1987

5a. Capital Contributions as
Shown on record.

\$13,750,990.00

3a. Date of Last Report

09/22/1997

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

4. State or Country of Formation

FL

6. FEI Number

59-2823168

☐ 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)

2. Mailing Address

551 NW 77th Street

2a. Principal Office Address

551 NW 77th Street

Suite, Apt. #, etc.

Suite 102

Suite, Apt. #, etc.

Suite 102

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip Country
33487 USA

9. Name and Address of Current Registered Agent

RAZOOK, RICHARD J
ONE S.E. 3RD AVENUE, 17TH FLOOR
MIAMI FL 33131

10. If changed, new Registered Agent/Office

Name

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

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)

PALMCOS II INC.
PALMCOS INC.

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

ONE SOUTHEAST THIRD A
ONE SOUTHEAST THIRD A

11b. City, State & Zip Code

MIAMI FL 33131
MIAMI FL 33131

11c. Registration/
Document Number

P96000037671
P31949

000002668550--3
-10/20/98-01081-004
***526.25 ***526.25

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

[Signature]

DATE

10/12/98

Typed or Printed Name of General Partner Signing Form STEVEN AALAN - RUTHONIZO AGONY

Daytime Telephone Number 561-9946307

CR2E003 (8/98)