

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0016945 AT

DOCUMENT # A27219

1. Entity Name
PALISADES INVESTMENT GROUP, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY 15 PM 5:26

Principal Place of Business
1311 S VINELAND RD
WINTER GARDEN FL 34787

Mailing Address
1311 S VINELAND RD
WINTER GARDEN FL 34787



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DUE BY MAY 1, 2003

4. FEI Number **59-2938604**
Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DAVIS, ROBERT A.
1350 SOUTH VINELAND ROAD
WINTER GARDEN FL 34787

7. Name and Address of New Registered Agent

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. **\$1,584,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 # NAME STREET ADDRESS CITY-ST-ZIP	DUEREN, WOLFGANG 1311 S VINELAND ROAD WINTER GARDEN FL	STREET ADDRESS	
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mc 6/16/03

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]* **SIGNATURE REQUIRED**

April 21, 2003 **Date** *407-656-5559* **Daytime Phone #**

STAPLE CHECK HERE

CR2E003 (10/02)