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2000) UNIFORM BUS	SINESS REPU)KI (ORH	K)			
DOCUMENT # A29349 1. Entity Name						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS		
REW/BMG/PB LIMITED PARTNERSHIP						PIAISIAN OF CONFLOWS		
Principal Place of Business Mailing Address 181 OCEAN AVENUE 181 OCEAN AVENUE PALM BEACH SHORES FL 33404 PALM BEACH SHORES			FL 33404-5761			00 APR 12 AM 9:	÷5	
2. Principal P	Place of Business	3. Mailing Address	0 .		1 700		OLGIC EFELL OCHUR BIRIK BIRIK KARL	
Suite, Apt.		Suite, Apt. #, etc.			<u>, </u>	DO NOT WRITE IN THIS	SPACE	
Ste City & State		5/e. 20/			4. FEI Numb	Der 50 4070400	Applied For	
BAY	HARBOR, FL	BAY HARBO	BAY HARBOR, FL			58-1872169	Not Applicable	
33151		33154	Countr	še_		e of Status Desired	\$8.75 Additional Fee Required	
-	6. Name and Address of Currer	nt Registered Agent -		7. Name and Address of New Registered Agent Name				
	PORATION SYSTEM		-	Street Address (P.O. Box Number is Not Acceptable)				
	JTH PINE ISLAND ROAD ION FL 33324							
			}	City	FL Zip Code			
8. The above	parmed entity submiss this statement	for the purpose of changing its	registered	d office or	registered agent, or bo			
CICNATURE	C T							
SIGNATURE Signature, typed or printed name of registered agent and tatle if applicable. (NOTE: Registered Agent signature required who						11. MAKE CHECK PAYABL	E TO DEPT OF STATE	
9. Capital Contributions as Shown on record. \$15,000.00 10. Amount of Capital Contributions in FLORIDA to date. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGIS						SEE REVERSE SIDE F	OR FEE INFORMATION	
	A GENERAL PARTNER NOTE: General Partners N	THAT IS A BUSINESS EN IAY NOT be changed on ti	ITITY MU he form;	an amer	EGISTERED AND indicate the file	ed to change a general pa	rtner.	
12.	GENERAL PARTN P99000027783	ER INFORMATION	13.			ADDRESS CHANGES ON	1LY	
NAME	BMG PALM BEACH, INC. 181 OCEAN AVENUE			STREET ADDRESS 1177 KANE CONCOURSE, Ste 201				
STREET ADDRESS CITY - ST - ZIP	PALM BEACH SHORES FL 334	04	CITY-S	ST-ZIP	BAY HARBOR, FL 33164			
DOCUMENT # NAME STREET ADDRESS	M9700000676 GREAT VACATIONS INTL. OF PLM BCH SHRS, LLC ONE BALA AVE., SUITE 300			T ADDRESS		,		
CITY - ST-ZIP	BALA CYNWYD PA 19004-3207		. CITY - 8	51 - ZIP	9000032280993			
DOCUMENT# NAME	i i i i i i i i i i i i i i i i i i i	·	STREE	TADORĒSS .		****193.7	5 ****193.75	
STREET ADDRESS CITY-ST-ZIP			CITY-S	ST-20P				
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STREET ADDRESS CITY-ST-ZIP			CITY-S	ST-ZIP		,		
DOCUMENT# NAME			STREET	TADDRESS			<u> </u>	
STREET ADDRESS CITY-ST-ZIP			СПҮ-5					
14. I hereby of indicated the receiv	certify that the information supplied we on this report is true and accurate are ver or trustee empowered to execute	ith this filing does not qualify fo not that my signature shall have this report as required by Chap	or the exem the same oter 620, Fl	nption state legal effect orida State	ed in Section 119.07(3 it as if made under oat utes	(i), Florida Statutes. I further co h; that I am a General Partner c	ertify that the information of the limited partnership or	
SIGNATURE SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING GENERAL PARTNER Date Date								
. H .		\						