

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 05, 2005 08:00 AM
Secretary of State

| | | | |
|---|------------------------------|--|---------------------------|
| DOCUMENT # A29685 | |  | |
| 1. Entity Name VINTAGE OF THE PALM BEACHES, LTD. | | | |
| Principal Place of Business 4500 PGA BOULEVARD SUITE 207 PALM BEACH GARDENS, FL 33418 | | Mailing Address 4500 PGA BOULEVARD SUITE 207 PALM BEACH GARDENS, FL 33418 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| DIVOSTA, OTTO B 4500 PGA BOULEVARD SUITE 207 PALM BEACH GARDENS, FL 33418 | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | |
| 9. Capital Contributions as Shown on record. \$3,000,000.00 | | 10. Amount of Capital Contributions in FLORIDA to date. | |
| 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 # | L09351 | STREET ADDRESS | |
| NAME | VINTAGE OF PLM BCHS, INC | CITY-ST-ZIP | |
| STREET ADDRESS | 4500 PGA BOULEVARD, STE 207 | | 1100000361233 |
| CITY-ST-ZIP | PALM BEACH GARDENS, FL 33418 | | 05/05/05-80068-003 526.25 |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
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| CITY-ST-ZIP | | | |
| 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Philip Brandt</u> | | Date: <u>3/21/05</u> | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | | Daytime Phone # <u>561-691-9050</u> | |



01062005 Chg-LP CR2E003 (10/03)

4. FEI Number **65-0173819** Applied For Not Applicable

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

STAPLE CHECK HERE