

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0012036 AT

| | |
|--|---|
| DOCUMENT # A29685 1. Entity Name VINTAGE OF THE PALM BEACHES, LTD. |  |
|--|---|

FILED

03 MAY -2 PM 7:48

SECRETARY OF STATE
TALLAHASSEE FLORIDA.

| | |
|--|--|
| 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 |

DUE BY MAY 1, 2003

| | |
|---|---------------------------------------|
| 4. FEI Number 65-0173819 | Applied For |
| | Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**DIVOSTA, OTTO B
4500 PGA BOULEVARD
SUITE 207
PALM BEACH GARDENS FL 33418**

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. **\$3,000,000.00**

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 | |
|---------------------------------|------------------------------------|
| DOCUMENT # | L09351 |
| NAME | VINTAGE OF PLM BCHS, INC |
| STREET ADDRESS | 4500 PGA BOULEVARD, STE 207 |
| CITY-ST-ZIP | PALM BEACH GARDENS FL 33418 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDRESS CHANGES ONLY | |
|--------------------------|---|
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | |
| CITY-ST-ZIP | 200017911592 05/02/03--01102--010 **526.25 |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | |
| 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)(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** **Otto B. DiVosta** **4/2/03** **561/691-9050**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)

SIGNATURE CHECK HERE