

2000 UNIFORM BUSINESS REPORT (UBR)

0020947 311

DOCUMENT # A30117
 1. Entity Name
RELATED PALM BEACH, LTD.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 APR 20 AM 3:05

Principal Place of Business Mailing Address
2828 CORAL WAY, PENTHOUSES **2828 CORAL WAY, PENTHOUSES**
MIAMI FL 33145 **MIAMI FL 33145**




DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
65-0252123 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
THE RELATED COMPANIES OF FLORIDA, INC.
2828 CORAL WAY, PENTHOUSES
MIAMI FL 33145

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. **\$100.00** 10. Amount of Capital Contributions in FLORIDA to date. 11. **MAKE CHECK PAYABLE TO 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 # | 617998 |
| NAME | RELATED CO.'S OF FL, INC |
| STREET ADDRESS | 2828 CORAL WAY, PENTHSES |
| CITY - ST - ZIP | MIAMI FL |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
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| CITY - ST - ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| 13. ADDRESS CHANGES ONLY | |
|--------------------------|------------------------------|
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| STREET ADDRESS | 600003243766--1 |
| CITY - ST - ZIP | -05/09/00--01014--016 |
| | ****150.00 ****150.00 |
| STREET ADDRESS | |
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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)(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:  **ANGEL HERNANDEZ**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **VICE-PRESIDENT**
 Date: **4/14/00** Daytime Phone #: **(305) 460-9900**

CF2E003 (9/99)