

2000 UNIFORM BUSINESS REPORT (UBR)

200113 A

DOCUMENT # **A31015**

1. Entity Name

400 ROYAL PALM WAY LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAR 20 PM 5:36

Principal Place of Business 400 ROYAL PALM WAY SUITE 206 PALM BEACH FL 33480	Mailing Address 400 ROYAL PALM WAY SUITE 206 PALM BEACH FL 33480-4117
--	---

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State
Zip	Country

4. FEI Number 52-1709669	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**KIPP, ERNST-LUDWIG
C/O 400 ROYAL PALM WAY LIMITED PARTNERSHIP
400 ROYAL PALM WAY, SUITE 206
PALM BEACH FL 33480**

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 _____

9. Capital Contributions as Shown on record. \$5,205,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$4,605,401.00	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 # NAME STREET ADDRESS CITY - ST - ZIP	S21750 400 ROYAL PALM, INC. 400 ROYAL PALM WAY, SUITE 206 PALM BEACH FL 33480
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
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	500003192495--6 -04/03/00--01005--015 ***525.25 ***525.25
STREET ADDRESS	13/5
CITY - ST - ZIP	3/20
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

400 ROYAL PALM WAY LIMITED PARTNERSHIP

14. I hereby certify that the information supplied 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 provided in Chapter 620, Florida Statutes.

SIGNATURE: By **SIGNATURE REQUIRED** **3-19-00** (561-655-3466)
ERNST-LUDWIG KIPP, President
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER
Date Daytime Phone #