DOCUMENT # A31015  1. Entity Name										<u>82</u>
400 ROYAL PALM WAY LIMITED PARTNERSHIP						FILED				'n
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			O1 APR -4 AM 8: 04  SECRETARY OF STATE TALLANASSEE ELOPIDA				181
2. Principal Place of Business 3. Mailing Addre						-				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				`
City & State			City & State			4. FEI Numbe	52-1709669		Applied Fo	
Zip Country			Zip	Cour	<u>,                                      </u>		of Status Desired	□· Fe	8.75 Additional see Required	
6. Name and Address of Current Registered Agent  KIPP, ERNST-LUDWIG					Name Name					
C/O 400 ROYAL PALM WAY LIMITED PARTNERSHIP					Street Address	(P.O. Box Number	r is Not Acceptable)			
400 ROYAL PALM WAY, SUITE 206 PALM BEACH FL 33480					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		or printed name of registered agent ar	<del></del>		ed Agent signature requires	d when reinstating}		DATE		
9. Capital Co as Shown	on record.	\$5,205,000.00	10. Amount of Capita in FLORIDA to da	te.		TERED AND A	SEE REVERS	E SIDE FOR	O DEPT. OF STATE 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 filled to change a general partner.  12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY										
DOCUMENT #	S21750 400 ROYAL PALM, INC.			STREET ADDRESS		•	ADDRESS CHA	NGES ONLI		(11/00)
STREET ADDRESS CITY-ST-ZIP		. PALM WAY, SUITE 20 CH FL 33480	СІТ		/-ST-ZIP					ZE003 (11/00)
DOCUMENT / NAME STREET ADDRESS				STRE	EET ADDRESS	4	<del>ooop3</del>	<u> </u>	<u> 134</u>	=   <sup>8</sup>
CITY-ST-ZIP DOĆŪMENT ≢					-ST-ZIP	****526.25 ****526.25				
NAME STREET ADDRESS	<u> </u>				EET ADDRESS '-ST-ZIP					_
OCCUMENT #				STRE	EET ADDRESS			<del> </del>		
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP					
DOCUMENT # NAME				STRE	EET ADDRESS					
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP					
DOCUMENT # NAME STREET ADDRESS					EET ADORESS					
By: 400 Royal Palm Way Elimited a transfer of the indicated on this report is true and accurate and at my signature shall have the the receiver or trustee empowered to execute the report as required by Chapter 6					-ST-ZIP mption stated in Se	ection 119.07(3)(i)	, Florida Statutes. I 1	urther certify	that the informatio	n
indicated the receiv	on this report er or trustee o	By:	<u></u>		e legal effect as if n Florida Statutes			Partner of the	e limited partnershi	or or
SIGNATURE: SETISI-LUGWIG Prop. President 329/01 561-655-3466  SIGNATURE: Date Description Property Pro									_	