

# 2000 UNIFORM BUSINESS REPORT (UBR)

X-11713 1

**DOCUMENT # A93000000938**  
 1. Entity Name  
 125 WORTH AVENUE LIMITED PARTNERSHIP

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

Principal Place of Business % 400 ROYAL PALM WAY LIMITED PARTNERSHIP 400 ROYAL PALM WAY, SUITE 206 PALM BEACH FL 33480	Mailing Address % 400 ROYAL PALM WAY LIMITED PARTNERSHIP 400 ROYAL PALM WAY, SUITE 206 PALM BEACH FL 33480-4117
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number **65-0436711** Applied For  
 Not Applicable

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent  
**KIPP, ERNST-LUDWIG**  
 % 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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$8,592,502.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$6,762,502.00**

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 #	P93000030571
NAME	125 WORTH AVENUE, INC.
STREET ADDRESS	% 400 ROYAL PALM WAY, SUITE 206
CITY-ST-ZIP	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	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<del>400003102404 3</del>
CITY-ST-ZIP	<del>-04/03/00--01005--014</del> <del>***526.25 ***526.25</del>
STREET ADDRESS	
CITY-ST-ZIP	B/C 3/20
STREET ADDRESS	
CITY-ST-ZIP	
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: By **SIGNATURE REQUIRED** ERNST LUDWIG KIPP 3-14-00 (561-655-3466)  
 SIGNATURE AND TITLE OF CURRENT GENERAL PARTNER Date Daytime Phone #  
 President