

2001 UNIFORM BUSINESS REPORT (UBR)

0008698 AF

DOCUMENT # **A93000000938**

1. Entity Name

125 WORTH AVENUE LIMITED PARTNERSHIP

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

FILED

01 APR -4 AM 10:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0436711**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KIPP, ERNST-LUDWIG

% 400 ROYAL PALM WAY LIMITED PARTNERSHIP
400 ROYAL PALM WAY, SUITE 206
PALM BEACH FL 33480

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$8,592,502.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P93000030571**
NAME **125 WORTH AVENUE, INC.**
STREET ADDRESS **% 400 ROYAL PALM WAY, SUITE 206**
CITY-ST-ZIP **PALM BEACH FL 33480**

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

General Partner

SIGNATURE: by

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

ERNST-LUDWIG KIPP

President

3/29/01

Date

561-655-3466

Daytime Phone #

CR2E003 (11/00)