APPROVE

## 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** 

1. Entity Name

A93000000938

aneral Partner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

UBE RECOUREDERNST-LULWIG

## 02 APR 15 AM 11: 14 125 WORTH AVENUE LIMITED PARTNERSHIP SECRETARY OF STATE FALLAHASSEE, FLORIDA Principal Place of Business Mailing Address % 400 ROYAL PALM WAY LIMITED PARTNERSHIP % 400 ROYAL PALM WAY LIMITED PARTNERSHIP 400 ROYAL PALM WAY, SUITE 206 400 ROYAL PALM WAY. SUITE 206 PALM BEACH FL 33480 PALM BEACH FL 33480 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2002** City & State City & State 4. FEI Number Applied For 65-0436711 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KIPP, ERNST-LUDWIG Street Address (P.O. Box Number is Not Acceptable) % 400 ROYAL PALM WAY LIMITED PARTNERSHIP 400 ROYAL PALM WAY, SUITE 206 PALM BEACH FL 33480 City 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. 9. Capital Contributions 10. Amount of Capital Contributions \$8,592,502.00 SEE REVERSE SIDE FOR FEE INFORMATION? as Shown on record. in FLORIDA to date. 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY P93000030571 DOCUMENT # STREET ADDRESS 125 WORTH AVENUE, INC. NAME STREET ADDRESS % 400 ROYAL PALM WAY, SUITE 206 CITY-ST-7IP PALM BEACH FL 33480 City-St-ZiP DOCUMENT # STREET ADDRESS 800005307348-NAME -04/19/02--01028--021 STREET ADDRESS CITY-ST-ZIP \*\*\*\*526.25 \*\*\*\*526.25 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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 treatment of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620. Florida Statutes