

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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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
03 MAR 25 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions

\$8,592.502.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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

CITY-ST-ZIP

600014693236

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CITY-ST-ZIP

M THOMAS

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 correct and that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 201, Florida Statutes.

By **125 Worth Avenue, Inc. Its**

SIGNATURE: **SIGNATURE REQUIRED**
By **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

2/21/03

Date

(561) 655-3466

Daytime Phone #

CR2E003 (10/02)