2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A94000000695

1. Entity Name

PALM LIMITED PARTNERSHIP

FILED
01 MAY -4 PM 12:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
31731 NORTHWESTERN HWY. STE. 250 W. FARMINGTON HILL MI 48334	31731 NORTHWESTERN HWY. STE. 250 W. FARMINGTON HILL MI 48334

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0494274 ☐ Applied For ☐ Not Applicable

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
LUPTAK, PAOLA M 4700 NW BOCA RATON BLVD., 4TH FLOOR BOCA RATON FL 33431	Name Street Address (P.O. Box Number is Not Acceptable) 100004368101--3 -05/04/01--01080--007 ****141.25 ****141.25 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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. $1,000.00

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 #	P94000037604	STREET ADDRESS	31731 Northwestern Hwy., Ste 250W
NAME	PALM GENERAL CORPORATION		
STREET ADDRESS	31731 NORTHWESTERN HWY., STE. ~~200~~	CITY-ST-ZIP	Farmington Hills, MI 48334
CITY-ST-ZIP	FARMINGTON HILLS MI 48334		
DOCUMENT #		STREET ADDRESS	
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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 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: Maurice Beznos SIGNATURE REQUIRED 4-25-2001 (248) 855-5400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #