

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0009920 AT

2/27

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 MAR 25 AM 9:05



<b>DOCUMENT # A94000000891</b> 1. Entity Name <b>PALM DRIVE ASSOCIATES, LTD.</b>	
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Principal Place of Business <b>C/O CENTRO PALM, INC. 35801 S.W. 186TH AVENUE FLORIDA CITY FL 33034</b>	Mailing Address <b>C/O CENTRAL PALM, INC. P.O. BOX 343449 FLORIDA CITY FL 33034</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DUE BY MAY 1, 2003

4. FEI Number <b>65-0539755</b>	Applied For
	Not Applicable

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
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6. Name and Address of Current Registered Agent

**MAINSTER, STEVE  
C/O CENTRAL PALM, INC.  
35801 S.W. 186TH AVENUE  
FLORIDA CITY FL 33034**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State: <b>FL</b> 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 _____	DATE _____
Signature, typed or printed name of registered agent and title if applicable.	

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

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	
DOCUMENT #	<b>P94000049163</b>
NAME	<b>CENTRO PALM, INC.</b>
STREET ADDRESS	<b>35801 S.W. 186TH AVE.</b>
CITY-ST-ZIP	<b>FLORIDA CITY FL 33034</b>
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	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>900014683719</b> <del>02/25/03 01063 010 **150.00</del>
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: *[Signature]*      **SIGNATURE REQUIRED**      *3/21/03*      *(305) 205-7738*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

CR2E003 (10/02)