

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000001504**

1. Entity Name  
**PALM TREE INCOME FUND #1, LTD.**



FILED

03 MAR 17 AM 11:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DUE BY MAY 1, 2003

Principal Place of Business  
**87 ANDOVER LANE  
WILLIAMSVILLE NY 14221**

Mailing Address  
**87 ANDOVER LANE  
WILLIAMSVILLE NY 14221**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0531601**

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

**GALVIN, RICHARD  
6777 WINKLER ROAD  
158-A  
FORT MYERS FL 33907**

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

9. Capital Contributions as Shown on record. **\$1,400,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

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 #	<b>P94000065430</b>
NAME	<b>PALM MANAGEMENT GROUP, INC.</b>
STREET ADDRESS	<b>87 ANDOVER LANE</b>
CITY-ST-ZIP	<b>WILLIAMSVILLE NY 14221</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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03/17/03--01093--005 \*\*526.25

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (10/02)