

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #
A95000000412

1. Entity Name  
GMH/ROYAL PALM, LTD.

Principal Place of Business  
C/O SOUTHEAST SHOPPING CENTERS CORP.  
1541 SUNSET DRIVE, SUITE 300  
CORAL GABLES FL 33143

Mailing Address  
C/O SOUTHEAST SHOPPING CENTERS CORP.  
1541 SUNSET DRIVE, SUITE 300  
CORAL GABLES FL 33143-5777

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

Country

Country

4. FEI Number  
65-0704341

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
HIGIER, GERALD M  
1541 SUNSET DRIVE, SUITE 300  
CORAL GABLES FL 33143

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City

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. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.

\$990.00

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  
DOCUMENT # P95000021238  
NAME GMH/ROYAL PALM, INC.  
STREET ADDRESS 1541 SUNSET DRIVE, SUITE 300  
CITY - ST - ZIP CORAL GABLES FL 33143

13. ADDRESS CHANGES ONLY  
STREET ADDRESS  
CITY - ST - ZIP  
600003260766--9  
05/19/00--01138--002  
\*\*\*4287.50 \*\*\*141.25  
141.25

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
Date 4/24/2000  
Daytime Phone # 305 666 2140

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 27 AM 3:05



DO NOT WRITE IN THIS SPACE