2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000001685

1. Entity Name

THE PALMS 2100 OCEAN BOULEVARD, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 APR 28 AM 3:05

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2100 N. ATLANTIC BLVD. FT. LAUDERDALE FL 33305	2100 N. ATLANTIC BLVD. FT. LAUDERDALE FL 33305-1904

2. Principal Place of Business: 2200 N. Atlantic Blvd	3. Mailing Address: 2200 N. Atlantic Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft Lauderdale FL	City & State: Ft Lauderdale FL
Zip: 33305 Country: Broward	Zip: 33305 Country: Broward

4. FEI Number 65-0625015 ☐ 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
FAIRMAN, NEIL 2100 N. ATLANTIC BLVD. FT. LAUDERDALE FL 33305	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.

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. $0.00

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 # NAME STREET ADDRESS CITY-ST-ZIP	K74912 PLAZA PROPERTIES GROUP, INC. 2100 N. ATLANTIC BLVD. FT. LAUDERDALE FL 33305	STREET ADDRESS CITY-ST-ZIP	2200 North Atlantic Blvd
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	500003269155--7 -05/26/00--01107--002 ****141.25 ****141.25
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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 REQUIRED 4/25/00 954-630-8880

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

CR