(813) 933-7418

	JMENT #	A9600	0000230	<del></del>							8
1. Entity Name PALMS CENTER, LIMITED						FILED					7
							2002 FEB 26	PM 5	: 11		
Principal Place of Business Mailing Address									•		
SUITE 750 TAMPA FL 3	STSHORE BLVD. 13607		C/O WEGMAN ASSOC 8001 N DALE MABRY STE 101A TAMPA FL 33614			DIVIJION OF CORPORATIONS TALLAHASSEE, FLORIDA					
2. Principal i	Place of Business		3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DUE BY MAY 1, 2002					
City & State			City & State			4. FEI Number S9-3359591 Applied For Not Applied For					
Zip Country			Zip	ntry	5. Certificate of	f Status Desired	<b>X</b>	\$8.75 A ee Requi	Not Applicable dditional	1	
	6. Name and A	dress of Current F	Registered Agent			7. Name and A	Address of New Re			reo	1
GRANT, JOHN A JR.					Name						
10025 ORANGE GROVE DRIVE					Street Address (P.O. Box Number is Not Acceptable)						1
TAMPA FL 33618											1
					City			FL	Zip Co	ide	1
8. The above	named entity submi	ts this statement for	the purpose of changing its re	gister	ed office or register	ed agent, or both	, in the State of Flor		.1		1
SIGNATURE	AM	Linga									
9. Capital Co	<del></del>	name of registered agent ar	10. Amount of Capital	Contril	outions.		44 BERKE OUTO	DATE	70 5-0		S .
as Shown	on record.	\$476,607.18	in FLORIDA to date	е.	_		11. MAKE CHECK SEE REVERS	E SIDE FOR	FEE INFO		
	A GENER NOTE: Gene	AL PARTNER TH rai Partners MA\	AT IS A BUSINESS ENT / NOT be changed on the	ITY M	UST BE REGIST	ERED AND AC	TIVE WITH THIS	S OFFICE	ner.		]
12.	Gi	ENERAL PARTNER		13.	·		ADDRESS CHAI				_
DOCUMENT <b>#</b> NAME	P95000071378 PALM CENTER DEVELOPMENT COMPANY 10025 ORANGE GROVE DRIVE TAMPA FL 33618			STRE	et address						9/01
STREET ADDRESS CITY-ST-ZIP				CITY-	-ST-ZIP						R2E003 (9/01)
DOCUMENT # NAME				STRE	ET ADDRESS						8
STREET ADDRESS CITY-ST-ZIP	TREET ADDRESS				CITY-ST-ZIP				737 1106-	'0 -010	
DOCUMENT # NAME		.,		STRE	ET ADDRESS		****5	35.00	*****	53 <b>5.0</b> 0	
STREET ADDRESS CITY-ST-ZIP				CITY-	ST-ZIP						
DOCUMENT # NAME STREET ADDRESS				STREE	ET ADDRESS						
CITY-ST-ZIP				CITY-	ST-ZiP						
DOCUMENT #				STREE	T ADDRESS			4			
STREET ADDRESS CITY-ST-ZIP:				CITY-	ST-ZIP						
DOCUMENT # ** NAME STREET ADDRESS				STREE	T ADDRESS						
CITY-ST-ZIP					ST-ZIP						
i idiodica i	on una report la ulue e	and accurate and th	nis filing does not qualify for the at my signature shall have the report as required by Chapter	same	legal effect as it ma	tion 119.07(3)(i), ade under oath; th	Florida Statutes. I fu at I am a General F	urther certify Partner of th	y that the i	nformation partnership or	