

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A96000000847**

1. Entity Name  
**SILVER PALM PLACE, LTD.**

Principal Place of Business  
1825 PONCE DE LEON, SUITE 334  
CORAL GABLES FL 33134

Mailing Address  
1825 PONCE DE LEON, SUITE 334  
CORAL GABLES FL 33134-4418

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **65-0673923**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**KNAPP, STEPHEN M**  
5417 S. FLORIDA AVENUE  
LAKELAND FL 33813

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$37,500.00**

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 # \_\_\_\_\_  
NAME **BAUR, TRAUTE**  
STREET ADDRESS **1825 PONCE DE LEON, SUITE 334**  
CITY - ST - ZIP **CORAL GABLES FL 33134**

DOCUMENT # \_\_\_\_\_  
NAME **FOX, CARLETON**  
STREET ADDRESS **12062 S.W. 117 COURT, SUITE 101**  
CITY - ST - ZIP **MIAMI FL 33186**

DOCUMENT # \_\_\_\_\_  
NAME **CURRY, THOMAS C**  
STREET ADDRESS **4921 MOUNTAIN VIEW PKWY**  
CITY - ST - ZIP **BIRMINGHAM AL 35244**

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 \_\_\_\_\_

**800003179138--9**  
**-03/22/00--01010--019**  
**\*\*\*\*351.25 \*\*\*\*351.25**

STREET ADDRESS \_\_\_\_\_  
CITY - ST - ZIP \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_  
CITY - ST - ZIP \_\_\_\_\_

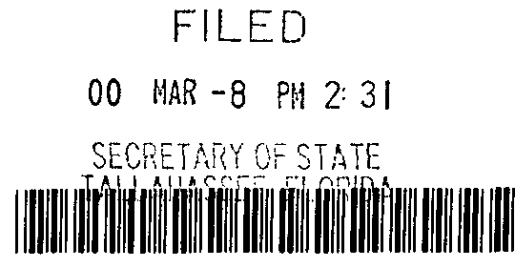
STREET ADDRESS \_\_\_\_\_  
CITY - ST - ZIP \_\_\_\_\_

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: TRAUTE BAUR **REQUIRED** Traute Baur 3-6-2000 305 444-4108  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E003 (9/99)