

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000000847**

1. Entity Name

**SILVER PALM PLACE, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 FEB -5 AM 10: 04



Principal Place of Business <b>1825 PONCE DE LEON, SUITE 334 CORAL GABLES FL 33134</b>	Mailing Address <b>1825 PONCE DE LEON, SUITE 334 CORAL GABLES FL 33134</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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<b>DUE BY MAY 1, 2002</b>	
4. FEI Number <b>65-0673923</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$37,500.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>37,500</b>	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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	
NAME	<b>BAUR, TRAUTE</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>1825 PONCE DE LEON, SUITE 334</b>		
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>		
DOCUMENT #	NAME	STREET ADDRESS	<b>000004912300--3</b>
NAME	<b>FOX, CARLETON</b>	CITY-ST-ZIP	<b>-02/13/02--01001--016</b>
STREET ADDRESS	<b>12062 S.W. 117 COURT, SUITE 101</b>		<b>****351.25 ****351.25</b>
CITY-ST-ZIP	<b>MIAMI FL 33186</b>		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	<b>CURRY, THOMAS C</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>4921 MOUNTAIN VIEW PKWY</b>		
CITY-ST-ZIP	<b>BIRMINGHAM AL 35244</b>		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		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: *Tran Baur* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)