

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 DEC 17 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership

1a. DOCUMENT #
A96000001897

THE PALMS APARTMENTS OF WEST PALM BEACH, LTD.

Mailing Address

10718 KIRKALDY LANE
BOCA RATON FL 33498

Principal Office Address

10718 KIRKALDY LANE
BOCA RATON FL 33498

3. Date Formed or Registered

10/11/1996

3a. Date of Last Report

10/13/1997

5a. Capital Contributions as
Shown on record.

\$1,100,000.00

5b. Amount of Capital
Contributions in FLORIDA
to date:

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. State or Country of Formation

FL

6. FEI Number

65-0700917

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

LICHTMAN, JONATHAN J
100 N.E. 3RD AVENUE, SUITE 1100
FORT LAUDERDALE FL 33301

10. If changed, new Registered Agent/Office

Name

LICHTMAN, JONATHAN J.

Street Address (P.O. Box Number Is Not Acceptable)

4800 NORTH FEDERAL HIGHWAY

Suite, Apt. #, etc.

SUITE 0-100

City

BOCA RATON

FL

Zip Code

33431

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

12/3/98

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

PL APARTMENTS, INC.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

10718 KIRKALDY LANE

11b. City, State & Zip Code

BOCA RATON FL 33498

11c. Registration/
Document Number

P96000083709

700002726767-76
-12/30/98-01076-013
****528.25 ****528.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

PL APARTMENTS, INC., GENERAL PARTNER

PRESIDENT

DATE

12/3/98

Typed or Printed Name of General Partner Signing Form

JONATHAN J. LICHTMAN

Daytime Telephone Number

(561) 447-0017

CR2E003 (8/98)