

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # A96000002438 1. Entity Name 2000 PBL VENTURE, LTD.					
Principal Place of Business 2090 PALM BEACH LAKES BLVD., #700 WEST PALM BEACH, FL 33409			Mailing Address 2090 PALM BEACH LAKES BLVD., #700 WEST PALM BEACH, FL 33409		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03302004 Chg-LP CR2E003 (10/03)	
4. FEI Number 65-0735290				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WHITE, WILTON L ESQUIRE 625 N. FLAGLER DRIVE, 9TH FLOOR WEST PALM BEACH, FL 33401			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$3,200,000.00		10. Amount of Capital Contributions in FLORIDA to date.			
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 #	P98000090411		STREET ADDRESS		
NAME	2000 GENERAL, INC.		CITY- ST- ZIP		
STREET ADDRESS	2090 PALM BEACH LAKES BLVD., #700		CITY- ST- ZIP		
CITY- ST- ZIP	WEST PALM BEACH, FL 33409		CITY- ST- ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY- ST- ZIP		
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CITY- ST- ZIP			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: X			V.P.G.P X 4/2/04 561-615-3903		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Jonathan Cameron-Hayes			Date Daytime Phone #		

STAPLE CHECK HERE