

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000002438**

1. Entity Name
2000 PBL VENTURE, LTD.



Principal Place of Business
**2000 PALM BEACH LAKES BLVD., SUITE 301
WEST PALM BEACH FL 33409**

Mailing Address
**2000 PALM BEACH LAKES BLVD., SUITE 301
WEST PALM BEACH FL 33409**

FILED
03 MAY -2 PM 6:15
**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

MJH



2. Principal Place of Business
2090 Palm Beach Lakes Blvd

3. Mailing Address
2090 Palm Beach Lakes Blvd

Suite, Apt. #, etc.
#700

Suite, Apt. #, etc.
#700

DUE BY MAY 1, 2003

City & State
West Palm Beach, FL

City & State
West Palm Beach, FL

4. FEI Number **65-0735290**

Applied For
Not Applicable

Zip
33409

Country

Zip
33409

Country
USA

5. Certificate of Status Desired ☐ **\$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)

**300017897723
05/02/03--01062--024 **526.25**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. **\$3,200,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P98000090411**
NAME **2000 GENERAL, INC.**
STREET ADDRESS **2000 PALM BEACH LAKES BLVD., SUITE 301**
CITY-ST-ZIP **WEST PALM BEACH FL 33409**

STREET ADDRESS **2090 Palm Beach Lakes Blvd #700**
CITY-ST-ZIP **West Palm Beach FL, 33409**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/29/03
Date

(561) 615-3903
Daytime Phone #

CR2E003 (10/02)

001876 AT

STAPLE CHECK HERE