

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000000549**

1. Entity Name

NORTH PALM STORAGE PARTNERS, LTD.

FILED

Mar 03 2000 8:00 am

Secretary of State

Principal Place of Business
3300 PGA BLVD., SUITE 620
PALM BEACH GARDENS FL 33410-2811

Mailing Address
3300 PGA BLVD., SUITE 620
PALM BEACH GARDENS FL 33410-2811



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0734539		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
COMAC NORTH PALM, INC. 3300 PGA BLVD., SUITE 620 PALM BEACH GARDENS FL 33410-2811				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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. \$540,000.00	10. Amount of Capital Contributions in FLORIDA to date.	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 #	P97000019225			STREET ADDRESS			
NAME	COMAC NORTH PALM, INC.			CITY - ST - ZIP	mf 3/15/00		
STREET ADDRESS	3300 PGA BLVD., SUITE 620			STREET ADDRESS			
CITY - ST - ZIP	PALM BEACH GARDENS FL 33410-2811			CITY - ST - ZIP			
DOCUMENT #				STREET ADDRESS			
NAME				CITY - ST - ZIP			
STREET ADDRESS				STREET ADDRESS	400003172534--0		
CITY - ST - ZIP				CITY - ST - ZIP	-03/16/00--01063--001		
DOCUMENT #				STREET ADDRESS	****526.25 ****526.25		
NAME				CITY - ST - ZIP			
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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

Robert A. McIntosh

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/1/00 561-775-7393

Date Daytime Phone #

CR2E003 (9/99)