

Division of Corporations

**A97000000830**

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Florida Department of State  
Division of Corporations  
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**RESUBMIT**

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02 JAN 31

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

To:  
Division of Corporations  
Fax Number : (850)205-0383

From:  
Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850)521-1000  
Fax Number : (850)521-1030

*DEW*

**LIMITED PARTNERSHIP REINSTATEMENT**

**PALM WALK ASSOCIATES, LTD.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 JAN 31 PM 3:00

FILED

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$5,140.00



## FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

January 28, 2002

PALM WALK ASSOCIATES, LTD.  
C/O HUNTER REAL ESTATE MANAGEMENT CORP.  
1979 MARCUS AVENUE, SUITE E-115  
LAKE SUCCESS, NY 11042SUBJECT: PALM WALK ASSOCIATES, LTD.  
REF: A97000000830FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 JAN 31

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Agnes Lunt  
Document SpecialistFAX Aud. #: H02000024446  
Letter Number: 202A00004795**RESUBMIT**Please give original  
submission date as file date.

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED  
PARTNERSHIP  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONSFILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 JAN 31

DOCUMENT # A97000000830

## 1. Name of Limited Partnership

PALM WALK ASSOCIATES, LTD.

## 2. Principal Office Address

c/o Feldman

Suite, Apt. #, etc.

17120 NorthWay Circle

City &amp; State

Boca Raton, FL

Zip

33496

Country

## 3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City &amp; State

Zip

Country

## 4. Date Formed or Registered

To Do Business in Florida 4/15/97

## 5. FEI Number

Applied For

☒ Not Applicable6. CERTIFICATE OF STATUS DESIRED ☒\$8.75 Additional Fee required  
for a Certificate of Status

## 7a. Capital Contributions as shown on Record:

600,000.00

## 7b. Amount of Capital Contributions in FLORIDA to date:

600,000.00

## FEES:

- 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.
  - 2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.
  - 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.
- Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

## 8. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

9. 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)

Deborah D. Skipper

Deborah D. Skipper

DATE 1-28-02

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

## 10. Name(s) of General Partner(s)

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

City, State and Zip Code

## 10a. Registration Document Number

PWA LLC

c/o Feldman

17120 NorthWay Circle

Boca Raton, FL 33496

M97000000187

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

11. 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)(g), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(g) 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

ANN FELDMAN, as the sole member of PWA LLC

DATE

1/25/02

Typed or Printed Name of General Partner Signing Form

Telephone Number

CR2003 (9/01)