LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

FILED

02 JUN 14 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A97000002142

1. Entity Name

PALM BEACH LIMITED PARTNERS, LTD.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
7 KINTYRE ROAD	7 KINTYRE ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PALM BEACH GARDENS, FLORIDA	City & State: PALM BEACH GARDENS, FLORIDA
Zip: 33418 Country: USA	Zip: 33418 Country: USA

DUE BY MAY 1

4. FEI Number: 65-0799933 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CARPENTER SHAIFER, STEPHEN

Street Address (P.O. Box Number is Not Acceptable): 7 KINTYRE ROAD

City: PALM BEACH GARDENS FL Zip Code: 33418

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: _____ DATE

Signature, typed or printed name of requesting general partner (Required)

9. Capital Contributions as Shown on record: 100.00

10. Amount of Capital Contributions in FLORIDA to date

11. MAKE CHECK PAYABLE TO 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

DOCUMENT #	P97000085670
NAME	PALM BEACH ENTERPRISES, INC.
STREET ADDRESS	7 KINTYRE ROAD
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418

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STAPLE, CHECK HERE

CR2E003B (12/01)

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #