

2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000002142

1. Entity Name
PALM BEACH LIMITED PARTNERS, LTD.



MJH

FILED

03 APR 17 AM 7:25

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
7 KINTYRE ROAD
PALM BEACH GARDENS FL 33418

Mailing Address
7 KINTYRE ROAD
PALM BEACH GARDENS FL 33418

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number 65-0799933

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CARPENTER SHAFER, STEPHEN
7 KINTYRE ROAD
PALM BEACH GARDENS FL 33418

Name

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

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

4/15/03

DATE

9. Capital Contributions
as Shown on record. \$100.00

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

STREET ADDRESS

CITY-ST-ZIP

300016224863
04/17/03 01079 021 **141.25

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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: *Stephen Shafer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/15/03

Date

Daytime Phone #

0012028 AT

CR2E003 (10/02)