

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM****Secretary of State****DOCUMENT # A98000000213**

1. Entity Name

PALM SPRINGS ASSOCIATES, LTD.

Principal Place of Business

Mailing Address

1840 WEST 49TH STREET, SUITE 700

1840 WEST 49TH STREET, SUITE 700

HIALEAH
33012

FL

HIALEAH
33012

FL

2. Principal Place of Business

1840 WEST 49TH STREET, SUITE 410

3. Mailing Address

1840 WEST 49TH STREET, SUITE 410

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HIALEAH

FL

City & State

HIALEAH

FL

4. FEI Number

65-0806731

Applied For

Not Applicable

Zip

33012

Country

Zip

33012

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

FREEMAN PAUL HESQ.

1840 WEST 49TH STREET, SUITE 410

HIALEAH

33012

FL

US

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

04/30/2001

DATE

9. Capital Contributions

as Shown on record. 100.00

10. Amount of Capital Contributions

in FLORIDA to date. 100.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME PRIMARY GENPAR, INC. (PALM SPRINGS)
STREET ADDRESS 1840 WEST 49TH STREET, SUITE 410
CITY-ST-ZIP HIALEAH FL 33012

STREET ADDRESS

CITY-ST-ZIP

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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:

BRADLEY S. WEISS

PRES

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)