

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000509

LA PLACE DU SOLEIL LIMITED PARTNERSHIP

Principal Place of Business

249 ROYAL PALM WAY
SUITE 403
PALM BEACH FL 33480

Mailing Address

249 ROYAL PALM WAY
SUITE 403
PALM BEACH FL 33480

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY SEPTEMBER 25, 2002

4. FEI Number 65-0817531

Applied For

Not Applicable

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

HOUGH, JOHN H

C/O DUANE, MORRIS & HECKSCHER LLP

249 ROYAL PALM WAY, SUITE 403

PALM BEACH FL 33480

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

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

DATE

9. Capital Contributions as Shown on record.

\$10,000,000.00

10. Amount of Capital Contributions in FLORIDA to date.

4,180,195.22

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
STREET ADDRESS
CITY-ST-ZIP

P98000016729
LA PLACE DU SOLEIL, INC.
249 ROYAL PALM WAY, STE. 403
PALM BEACH FL 33480

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7-27-02

Date

Daytime Phone #

570-773-2585

0001283 AT

APPROVED
AND
FILED
02 AUG 21 AM 8:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



STAPLE CHECK HERE

CR2E003 (4/02)