

# 2000 UNIFORM BUSINESS REPORT (UBR)

01/11/01

**DOCUMENT # A98000002732**

1. Entity Name  
**PALM COAST VEST, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 JUL 28 PM 1:25

*mf*

Principal Place of Business  
6111 PEACHTREE DUNWOODY ROAD, BLDG. B-102  
ATLANTA GA 30328

Mailing Address  
6111 PEACHTREE DUNWOODY ROAD, BLDG. B-102  
ATLANTA GA 30328-4577



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

4. FEI Number **58-2430859**

Applied For  
Not Applicable

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**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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) DATE

9. Capital Contributions as Shown on record. **\$99.00**

10. Amount of Capital Contributions in FLORIDA to date. **99.00**

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 # **M9800001462**  
NAME **CRABAPPLE VEST, L.L.C.**  
STREET ADDRESS **6111 PEACHTREE DUNWOODY ROAD, BLDG. B-102**  
CITY - ST - ZIP **ATLANTA GA 30328**

STREET ADDRESS  
CITY - ST - ZIP

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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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*6/28/00* **770-391-1993**  
Date Daytime Phone #

CR2E003 (9/99)