

# 2001 UNIFORM BUSINESS REPORT (UBR)

0019517 AF

DOCUMENT # **A98000002732**

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

**FILED**

**01 MAY -2 PM 12:33**

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

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**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **58-2430859**  
Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NO E Registered Agent signature required when reinstating)

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

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 this form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT #	<b>M98000001462</b>
NAME	<b>CRABAPPLE VEST, L.L.C.</b>
STREET ADDRESS	<b>6111 PEACHTREE DUNWOODY ROAD, BLDG. B-102</b>
CITY-ST-ZIP	<b>ATLANTA GA 30328</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	<b>200004287122-6</b>
STREET ADDRESS	<b>05/22/01 01056 010</b>
CITY-ST-ZIP	<b>****141.25 ****141.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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 7620, Florida Statutes

SIGNATURE: *[Signature]* **1/31/01** **770-391-1993**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E000 (11/00)