

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0006488 AT

**DOCUMENT # A98000002732**



**FILED**  
03 APR 22 AM 8:47  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**RAJM**

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

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

City & State

4. FEI Number **58-2430859**

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

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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

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 # **M98000001462**  
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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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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/17/03** **770-391-1993**  
Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)