

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0002809
AV

DOCUMENT # A99000000104

1. Entity Name

HIBISCUS PARTNERS, LTD.

02 APR 16 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
% CHERRY & SPENCER PA
1665 PALM BEACH LAKES BLVD., SUITE 600
W. PALM BEACH FL 33401

Mailing Address
% CHERRY & SPENCER PA
1665 PALM BEACH LAKES BLVD., SUITE 600
W. PALM BEACH FL 33401



2. Principal Place of Business
4400 PGA Blvd.

3. Mailing Address
4400 PGA Blvd.

Suite, Apt. #, etc.
Suite 900

DUE BY MAY 1, 2002

City & State
Palm Beach Gardens, FL

City & State
Palm Beach Gardens, FL

4. FEI Number
65-0889037

Applied For
Not Applicable

Zip
33410

Country
USA

Zip
33410

Country
USA

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

CHERRY, RICHARD G
1665 PALM BEACH LAKES BLVD., SUITE 600
WEST PALM BEACH FL 33401

Name
Richard G. Cherry

Street Address (P.O. Box Number is Not Acceptable)
4400 PGA Blvd.,

Suite 900

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 *Richard G. Cherry* 4/12/02
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. \$1,000,000.00

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 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	P99000004530 HIBISCUS PARTNERS, INC. 9816 SO. MILITARY TRAIL, SUITE C5 BOYNTON BEACH FL 33436	STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	

900005312079--7
04/22/02-01018-018
****526.25 ****526.25

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]* REQUIRED 4/10/02 561 471 7767
Signature and typed or printed name of signing general partner Date Daytime Phone #

CR2E003 (9/01)