— CORRECTED —

LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000168

1. Entity Name

SANTA MARIA LTD. PARTNERSHIP of PALM BEACH

DO NOT WRITE IN THIS SPACE

FILED
02 APR 24 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3 McCAIRN CT.	3 McCAIRN CT.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PALM BEACH GARDENS	City & State: PALM BEACH GARDENS FL
Zip: 33418 Country: PALM BEACH	Zip: 33418 Country: PALM BEACH

DUE BY MAY 1

4. FEI Number 65-0893531 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: AS ABOVE

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: MICHAEL SANTA MARIA GENERAL PARTNER
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. 75,178.

10. Amount of Capital Contributions in FLORIDA to date. 75,178.

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

DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	STREET ADDRESS / CITY-ST-ZIP
MICHAEL SANTA MARIA 3 McCAIRN CT PALM BEACH GARDENS, FL. 33418	
	900005482023--6 -05/07/02--01084--010 ****526.25 ****526.25
	DO NOT WRITE IN THIS SPACE

CR2E003B (12/01)

STAPLE CHECK HERE

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: Michael Santa Maria 3/26/02 561-626-5924
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #