


LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # <u>A99000000168</u>	
1. Entity Name <u>SANTA MARIA LTD PARTNERSHIP OF PALM BEACH</u>	

FILED

03 APR -9 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business <u>3 McCAIRN CT</u>	3. Mailing Address <u>SAME</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <u>PALM BEACH GARDENS FL</u>	City & State
Zip <u>33418</u>	Country <u>USA</u>

DUE BY MAY 1

4. FEI Number <u>65-0893531</u>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <u>Michael Santa Maria</u>
Street Address (P.O. Box Number is Not Acceptable) <u>3 McCAIRN Court</u>
City <u>Palm beach Gardens FL</u> Zip Code <u>33418</u>

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 MICHAEL SANTA MARIA GENERAL PARTNER 4/5/03
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. <u>1,500,000.00</u>	10. Amount of Capital Contributions in FLORIDA to date. <u>80,000</u>	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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		STREET ADDRESS	CITY-ST-ZIP
DOCUMENT # <u>099000000168</u>	NAME <u>MICHAEL SANTA MARIA</u>		
STREET ADDRESS <u>3 McCAIRN CT.</u>			
CITY-ST-ZIP <u>PALM BEACH GARDENS FL 33418</u>			
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M THOMAS

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 4/5/03 561-626-5924
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003B (12/02)

STAPLE CHECK HERE