₹060 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9900000858					'	
					FILED	
TALMAGE II FAMILY LIMITED PARTNERSHIP				SECRETARY OF STATE DIVISION OF CORPORATIONS		
1138 1138						
•	e of Business	Mailing Address			00 JUL 10 AM 9: 25 N	
113X DEVONSHIRE WAY PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL					M	
PALM BEACH	GARDENS FL 33418	PALM BEACH GARDENS F	L 33418	5-6863		
Principal Place of Business 113 DEVONSHIRE WAY PALM BEACH GARDENS FL 33418 2. Principal Place of Business 1138 Devonshire Way Suite, Apt. #, etc. City & State Palm Beach Gardens, FL Zip Country 33418 USA 6. Name and Address of Current Re HENRY, THORNTON M 505 SOUTH FLAGLER DRIVE, SUITE 1100 WEST PALM BEACH FL 33401 8. The above named entity submits this statement for the SIGNATURE Signature, typed or printed name of registered agent and the statement for the statement		3. Mailing Address				
		1138 Devonshir Suite, Apt. #, etc.	e Wa	ıy	DO NOT WRITE IN THIS SPACE	
cato, spt.	, , , , , ,					
· · · · · · · · · · · · · · · · · · ·				4. FEI Number Applied For Not Applied For		
		Palm Beach Gardens Zip Countr			5. Certificate of Status Desired \$8.75 Additional	
33418	The state of the s	33418	US	SA	Fee Hequired	
	6. Name and Address of Current	Registered Agent		Name	7. Name and Address of New Registered Agent	
HENRY, THORNTON M				Stroot Ad	ddress (P.O. Box Number is Not Acceptable)	
•				Sileet Au	Address (r.O. bux Number is Not Acceptable)	
WEST PALM BEACH FL 33401						
				City	FL Zip Code	
8. The above	named entity submits this statement for	the purpose of changing its r	egister	ed office or	registered agent, or both, in the State of Florida.	
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registere	d Agent signatur	ure required when reinstating) DATE	
•	W 710001000	10. Amount of Capita in FLORIDA to da		butions 7	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
i i	A GENERAL PARTNER T	HAT IS A BUSINESS ENT	TTYM	UST BE R	REGISTERED AND ACTIVE WITH THIS OFFICE.	
12			e form		andment must be filed to change a general partner. ADDRESS CHANGES ONLY	
				EET ADORESS		
	1		5	-	1138 Devonshire Way	
		18	CITY	r-st-zip	Palm Beach Gardens, FL 33418	
	TALMADGE JEAN C		STR	EET ADORESS		
NAME STREET ADDRESS	1137 DEVONSHIRE WAY				1138 Devonshire Way	
CITY-ST-ZIP	PALM BEACH GARDENS FL 334	LM BEACH GARDENS FL 33418		/-ST-ZIP	Palm Beach Gardens, FL 33418	
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DOCUMENT#				EET ADORESS		
NAME STREET ADDRESS				. <u> </u>		
CITY+ST-ZIP				/-ST-ZIP		
indicated	certify that the information supplied with on this report is true and accurate and er or trustee empowered to execute thi	that my signature shall have th	ne sam	e legal effec	ted in Section 119.07(3)(i), Florida Statutes. I further certify that the information ict as if made under oath; that I am a General Partner of the limited partnership tutes	

Jean C. Talmage