

2002 UNIFORM BUSINESS REPORT (UBR)

001647 AT

DOCUMENT # A99000000889

1. Entity Name
THE MARK ANDREW OF THE PALM BEACHES, LTD.

FILED
02 MAY 16 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**2625 NORTH FLAGLER DRIVE
WEST PALM BEACH FL 33407**

Mailing Address
**2625 NORTH FLAGLER DRIVE
WEST PALM BEACH FL 33407**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

DUE BY MAY 1, 2002

4. FEI Number **52-2172254**

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

6. Name and Address of Current Registered Agent
**WARD, PHILLIP H III
4420 BEACON CIRCLE, SUITE 100
WEST PALM BEACH FL 33407**

7. Name and Address of New Registered Agent
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.

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

9. Capital Contributions as Shown on record. **\$900.00**

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	
DOCUMENT #	P98000065184
NAME	THE MARK ANDREW OF THE PALM BEACHES, INC.
STREET ADDRESS	2625 NORTH FLAGLER DRIVE
CITY-ST-ZIP	WEST PALM BEACH FL 33407
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	700005664307-8 -06/03/02-01030-022 ****141.25 ****141.25
CITY-ST-ZIP	
STREET ADDRESS	700005664307-8 -06/03/02-01030-022 ****150.00 ****150.00
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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: *Phillip H. Ward III* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

Date: 4/29/02 Daytime Phone #: (561) 835-3707

CR2E003 (9/01)