APPROYE 2002 UNIFORM BUSINESS REPORT (UBR) AND FILED A9900001368 **DOCUMENT #** 1. Entity Name 02 APR 12 AMII: 54 PALM VENTURE PARTNERS 1, LTD. SECRETARY OF STATE TAULAHASSEE, FLORIDA Principal Place of Business Mailing Address 2704 HIBISCUS COURT P.O. DRAWER 511447 PUNTA GORDA FL 33950 PUNTA GORDA FL 33951-1447 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2002** City & State City & State 4. FEI Number Applied For 65-0942931 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Jack O. Hackett II, Esq.
Street Address (P.O. Box Number is Not Acceptable) HACKETT, JACK O II 115 W. OLYMPIA AVENUE 99 Nesbit Street PUNTA GORDA FL 33950 City Zip Code <u>Punta Gorda</u> 33950 8. The above named entity submits this of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE \$99,000.00 in FLORIDA to date. 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY P99000072864 DOCUMENT # CR2E003 (9/01) STREET ADDRESS PALM FLORIDA MANAGEMENT, INC. 2704 HIBISCUS COURT STREET ADDRESS CITY-ST-ZIP **PUNTA GORDA FL 33950** CITY-ST-ZIP DOCUMENT # 0000052892**70--**-04/17/02--01036--007 STREET ADDRESS ****526.25 STREET ADDRESS ****526.25 CITY-ST-ZIP CITY=ST=ZIP * * DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE DOCUMENT # STREET ADDRESS NAM STREÉT ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME

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, hall 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

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE: ROAVIO PALMER

STREET ADDRESS

CITY-ST-ZIP DOCUMENT #

CITY-ST-ZIF

NAME STREET ADDRESS

191-639-9468

Date Davine Phone #