

2002 UNIFORM BUSINESS REPORT (UBR)

0020744 SP

DOCUMENT # **B01000000019**

1. Entity Name
98 PALMS CENTER, LTD.

FILED
02 APR 23 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**250 WASHINGTON STREET
PRATTVILLE AL 36067**

Mailing Address
**250 WASHINGTON STREET
PRATTVILLE AL 36067**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 680176
Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State
Prattville, Alabama

4. FEI Number **63-1265489**
Applied For
Not Applicable

Zip **36068** Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KIEHN, ROLAND W
220 MCKENZIE AVENUE
PANAMA CITY FL 32401**

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. **\$1,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$1,000.00**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	M01000000070	STREET ADDRESS	
NAME	98 PALMS PARENT, LLC	CITY-ST-ZIP	
STREET ADDRESS	250 WASHINGTON STREET		
CITY-ST-ZIP	PRATTVILLE AL 36067		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	488885458614-8
STREET ADDRESS			-05/03/02--01077--008
CITY-ST-ZIP			****141.25 ****141.25
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NAME		CITY-ST-ZIP	
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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: **X [Signature]** **THOMAS E. NEWTON, President** **3/15/02** **334-361-8500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)