2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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1. Entity Name 98 PALMS CENTER, LTD.

Principal Place of Business 250 WASHINGTON STREET

2. Principal Place of Business

Suite, Apt. #, etc.

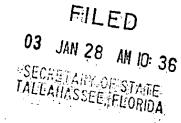
PRATTVILLE AL 36067



Mailing Address 250 WASHINGTON STREET PRATTVILLE AL 36067

Suite, Apt. #, etc.

3. Mailing Address P.O. BOX 680176





DUE BY MAY 1, 2003

City & State		City & State	Λ	.1	4. FEI Number	63-1265489	,	Applied For Not Applicable	
	Country	Pra-ttville	Country	<u> </u>		Otat in Denisord	\$	8.75 Additional	
Zip	36068		Country	<u> A </u>	Certificate of Status Desired Fee Name and Address of New Registered Age			e Required	
6. Na	me and Address of Current	Registered Agent	_	Name	7. Name and A	ddress of New Re	gistered Ag	ent	
KIEHN, ROLAND W 220 MCKENZIE AVENUE PANAMA CITY FL 32401				Street Address (P.O. Box Number is Not Acceptable)					
		r the purpose of changing its r		City	ered egent, or both	in the State of Flor	FL ida Lamfai	Zip Code	
The above named e the obligations of re	entity submits this statement to gistered agent.	r the purpose of changing its f	egistered	office of Tegiste	ered agent, or both,	III (IIIe State of Flor		, , , , , , , , , , , , , , , , , , ,	
SIGNATURE	yped or printed name of registered agent	and title if applicable.					DATE		
	9. Capital Contributions \$1,000.00 10. Amount of Cap		ite.	\$ \$\ 0 (SEE REVERS	E SIDE FOR	O FL. DEPT. OF STATE FEE INFORMATION	
NO	A GENERAL PARTNER TE: General Partners MA	THAT IS A BUSINESS ENT AY NOT be changed on th	FITY MUS e form; 8	ST BE REGIS	STERED AND AC nt must be filed	to change a ge	nerai paru	ner	
12.	GENERAL PARTNE		13.			ADDRESS CHA	NGES ONLY	, 	
NAME 98 PAI STREET ADDRESS 250 W	0000070 MS PARENT, LLC ASHINGTON STREET VILLE AL 36067		STREET CITY-ST	ADDRESS T-ZIP					
DOCUMENT # NAME STREET ADDRESS		· · · · · · · · · · · · · · · · · · ·		ADDRESS	80 0	<u> </u>	3580 011 *	<u>18</u> ∗191.25	
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STREET ADDRESS CITY-ST-ZIP			CITY-S	r-zip	V. V.		<u></u>	 	
DOCUMENT # NAME			· STREET	ADDRESS					
STREET ADDRESS CITY-ST-ZIP	·		CITY - S	ĺ			L C. wloon on the	t. that the information	
14. I hereby certify th	at the information supplied wit	h this filing does not qualify for d that my signature shall have	r the exem the same I	ption stated in l legal effect as i	Section 119.07(3)(i) f made under oath;	i, Florida Statutes. that I am a Genera	l lurther cert Partner of t	he limited partnership	

the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes on, President

SIGNATURE:

MTURE REQUESTION OF PRINTED NAME OF SIGNING GENERAL PARTMER

CR2E003 (10/02)