

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0021461 FP

**FILED**  
03 JAN 28 AM 10:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # B01000000019**  
1. Entity Name  
**98 PALMS CENTER, LTD.**



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.

City & State  
**Prattville AL**

Zip Country  
**36068 USA**

**DUE BY MAY 1, 2003**

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

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

**6. Name and Address of Current Registered Agent**  
**KIEHN, ROLAND W  
220 MCKENZIE AVENUE  
PANAMA CITY FL 32401**

**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. I am familiar with, and accept the obligations of registered agent.

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**

**11. MAKE CHECK PAYABLE TO FL. 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 #	<b>MO1000000070</b>
NAME	<b>98 PALMS PARENT, LLC</b>
STREET ADDRESS	<b>250 WASHINGTON STREET</b>
CITY-ST-ZIP	<b>PRATTVILLE AL 36067</b>
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	<b>800011135808</b>
CITY-ST-ZIP	<b>01/28/03--01066--011 **191.25</b>
STREET ADDRESS	
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:** **Thomas E. Newton, President**  
**Signature Required** **Corporate General, Inc., B.P.** **1/7/03** **334-361-8500**

CR2E003 (10/02)