

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 24, 2004 08:00 AM
Secretary of State

DOCUMENT # B93000000192 1. Entity Name PALM MANAGEMENT ASSOCIATES LIMITED PARTNERSHIP					
Principal Place of Business C/O LOVE REALTY P. O. BOX 28, GEDNEY STATION WHITE PLAINS, NY 10605			Mailing Address C/O LOVE REALTY P. O. BOX 28, GEDNEY STATION WHITE PLAINS, NY 10605		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HANDELSMAN, BURTON 250 WORTH AVE. PALM BEACH, FL 33480				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$1,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 #	NAME		STREET ADDRESS		
	STREET ADDRESS		CITY-ST-ZIP		
	CITY-ST-ZIP				
DOCUMENT #	NAME		STREET ADDRESS		
	STREET ADDRESS		CITY-ST-ZIP		
	CITY-ST-ZIP				
DOCUMENT #	NAME		STREET ADDRESS		
	STREET ADDRESS		CITY-ST-ZIP		
	CITY-ST-ZIP				
DOCUMENT #	NAME		STREET ADDRESS		
	STREET ADDRESS		CITY-ST-ZIP		
	CITY-ST-ZIP				
DOCUMENT #	NAME		STREET ADDRESS		
	STREET ADDRESS		CITY-ST-ZIP		
	CITY-ST-ZIP				



01132004 Chg-LP CR2E003 (10/03)
 4. FEI Number **13-3370362** Applied For Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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: **2/9/04**

STATE OF FLORIDA