



**FILED**  
**Mar 27, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # B93000000192</b>						<b>Secretary of State</b>	
1. Entity Name <b>PALM MANAGEMENT ASSOCIATES LIMITED PARTNERSHIP</b>							
Principal Place of Business <b>C/O LOVE REALTY P. O. BOX 28, GEDNEY STATION WHITE PLAINS, NY 10605</b>			Mailing Address <b>C/O LOVE REALTY P. O. BOX 28, GEDNEY STATION WHITE PLAINS, NY 10605</b>				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		02282008 Chg-LP CR2E003 (12/06)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>13-3370362</b>		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>HANDELSMAN, BURTON 250 WORTH AVE. PALM BEACH, FL 33480</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		<b>FL</b>	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 _____							
<b>FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00</b>							
<b>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.</b>							
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY			
DOCUMENT #	<b>HANDELSMAN, BURTON 18 HOTEL DRIVE WHITE PLAINS, NY 10605</b>			STREET ADDRESS	<b>000000871693 04/10/08-80009-006 500.00</b>		
NAME							
CITY-ST-ZIP							
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CITY-ST-ZIP							
14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <b>BURTON HANDELSMAN</b> <b>3-6-08</b>							