

# **2005 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# B94000000400

**FILED**  
**Jan 21, 2005**  
**Secretary of State**

**Entity Name:** PALM AIRE ASSOCIATES LIMITED PARTNERSHIP

**Current Principal Place of Business:**

2600 PALM AIRE DR. N.  
POMPANO BEACH, FL 33069

**New Principal Place of Business:**

**Current Mailing Address:**

2600 PALM AIRE DR. N.  
POMPANO BEACH, FL 33069

**New Mailing Address:**

**FEI Number:** 65-0523475

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Capital Contributions as Shown on record:** 6,930,000.00

**Amount of Capital Contributions in Florida to date:** 3,969,198.00

**GENERAL PARTNER INFORMATION:**

**ADDRESS CHANGES ONLY:**

Document #: P94000071749  
Name: RESORT AT PALM AIRE, INC.  
Address: 2600 PALM AIRE DR. N.  
City-St-Zip: POMPAN0 BEACH, FL 33069

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: RHONDA LOVELACE

AS

01/21/2005

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date