

2001 UNIFORM BUSINESS REPORT (UBR)

0015677 AF

DOCUMENT # B98000000063

1. Entity Name

PALM BEACH REGAL, L.P.

FILED

01 FEB -5 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
C/O CSC 1013 CENTRE ROAD
WILMINGTON DE 19805

Mailing Address
810 SEVENTH AVENUE, 28TH FLOOR
NEW YORK NY 10019



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-3971164

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MURRAY, STANLEY L
82-60 S.W. 87TH TERRACE
MIAMI FL 33143

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$2,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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

13. ADDRESS CHANGES ONLY

DOCUMENT # F98000000344
NAME FB PALM BEACH CORP.
STREET ADDRESS 810 SEVENTH AVENUE, 28TH FLOOR
CITY-ST-ZIP NEW YORK NY 10019

STREET ADDRESS

CITY-ST-ZIP

300003677223--1

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STREET ADDRESS
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 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: X

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/2/2001

Date

Daytime Phone #

CR2E003 (11/00)