## LIMITED PARTNERSHIP **UNIFORM BUSINESS REPORT (UBR)**

APPROVI AND FILED

02 APR -1 PM 1:49 SECRETARY OF STATE

DOCUMENT # BA 8 000000472						
1. Entity Name						
Palmvest, Limited Partnership						

				TALLEATIASSILE		
	DO NOT WRITI	E IN THIS SI	PACE			
2. Principal Place of Business  3. Mailing Address  210 Seven Farms Dave  Same			· · · · · · · · · · · · · · · · · · ·	DO NOT WRITE IN THIS SPACE		
216 Seven Farms Drive Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc.		DUE BY MAY 1		
City & State Charleston, SC		City & State		4. FEI Number         Applied For           57 - 1070/59         Not Applicable		
2949	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional ee Required	
. 4				7. Name and Address of Current Registered Agent		
			Name CT Corporation System  Street Address (P.O. Box Number is Not Acceptable)			
	DO NOT W	KILE	Street Address (P.O. Box Number is Not Acceptable)			
IN THIS SPACE			1200	1200 South Pine Island Road		
			City Play	ntation FL	Zip Code 33324	
8. The above	named entity submits this statement	for the purpose of changing its		stered agent, or both, in the State of Florida.	1 37 32 1	
SIGNATURE	Signature, typed or printed name of registered ager	at and title if applicable.		DATE		
9. Capital Contributions as Shown on record. 1,000. as Shown on record.				11. MAKE CHECK PAYABLE SEE REVERSE SIDE FOR		
				STERED AND ACTIVE WITH THIS OFFICE.		
NOTE: General Partners MAY NOT be changed on the f  12. GENERAL PARTNER INFORMATION			le form; an amenom	ent must be filed to change a general part	ner.	
DOCUMENT #	F97000000 224		STREET ADDRESS			
NAME	ESD Properties, Inc. 216 Seven Farms Drive, Suite 200		STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	SS 216 Seven Farms Drive, Swete 200 Charleston, SC 29492		CHY-ST-ZIP	8000051963884 -04/08/0201007019		
DOCUMENT # NAME			STREET ADDRESS	****141.25 ****141.25		
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STREET ADDRESS			CITY-ST-ZIP		***************************************	
DOCUMENT		<del></del>	STREET ADDRESS			
NAME THE STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP			
DOCUMENT #						
NAME			STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		
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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:** 

STAPLE CHECK HERE

John H. Disher, Vice President, ESD Properties Inc. 328-02

843-881-7550

CR2E003B (12/01)