

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 MAY 23 PM 4:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **B99000000124**

1. Entity Name

Balapalms Partners, L.P.

Principal Place of Business

Mailing Address

2. Principal Place of Business

2025 Lakepointe

3. Mailing Address

c/o Legal Dept.

Suite, Apt. #, etc.

1B

Suite, Apt. #, etc.

One Bala Ave., Ste. 400

City & State

Lewisville, TX

City & State

Bala Cynwyd, PA

4. FEI Number

23-2995418

Applied For

Not Applicable

Zip

75057

Country

Zip

19004

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**MJH**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T Corporation System  
1200 South Pine Island Road  
Plantation, FL 33324

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.

\$1,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$0

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 # M99000000382  
NAME Balapalms GP, LLC  
STREET ADDRESS 2025 Lakepointe, 1B  
CITY-ST-ZIP Lewisville, TX 75057

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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STREET ADDRESS  
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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

*Daniel J. Keating, III*

Daniel J. Keating, III

5/15/01

610-668-4100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)