

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90138 010 ****50.00

DOCUMENT # L00000013567

1. Entity Name
HEART OF PALM, LLC

Principal Place of Business

**223 SUNSET AVE
 SUITE 223
 PALM BEACH FL 33480**

Mailing Address

**223 SUNSET AVE
 SUITE 223
 PALM BEACH FL 33480**

2. Principal Place of Business

160 Royal Palm Way

3. Mailing Address

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Palm Beach, FL

City & State

4. FEI Number

65-1053490

Applied For

Not Applicable

Zip

33480

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**VALDES-FAULI CORPORATE SERVICES INC
 777 S FLAGLER DR
 SUITE 500 EAST
 WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

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

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MEM
 MATAPEDIA LIMITED PARTNERSHIP
 223 SUNSET AVE
 PALM BEACH FL 33480** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGR
 ROYAL PALM MANAGEMENT, INC.
 223 SUNSET AVE
 PALM BEACH FL 33480** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/18/02 561-837-8623

00118801

CR2E083 (9/01)