

# 2001 UNIFORM BUSINESS REPORT (UBR)

0015733 AF

DOCUMENT # L00000013973

1. Entity Name

THREE PALMS ASSOCIATES, LLC

Principal Place of Business

2141 ALTERNATE A1A SOUTH, STE. 330  
JUPITER FL 33477

Mailing Address

2141 ALTERNATE A1A SOUTH, STE. 330  
JUPITER FL 33477

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PROTTING, NORMA L

2141 ALTERNATE A1A SOUTH, STE. 330  
JUPITER FL 33477

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**

500003891225-4  
-03/21/01-01107-015  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE ☐ Delete  
NAME Managing Member  
STREET ADDRESS RUXAN, Inc.  
CITY-ST-ZIP c/o Robert L. Fromer, Esq.  
460 Park Avenue  
New York, NY, 10022

TITLE ☐ Delete  
NAME Member  
STREET ADDRESS Three Palms Associates, Inc.  
CITY-ST-ZIP c/o Robert L. Fromer, Esq.  
460 Park Avenue  
New York, NY, 10022

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

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: *Robert L. Fromer* ROBERT L. FROMER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/6/2001 561-575-4771  
Date Daytime Phone #

CR2E083 (11/00)

FILED  
01 MAR -9 AM 10:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE