

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001907

1. Entity Name
PALMS-JACKSON, L.C.

Principal Place of Business
999 WASHINGTON AVENUE
MIAMI BEACH FL 33139

Mailing Address
999 WASHINGTON AVENUE
MIAMI BEACH FL 33139-5015

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

WASSERMAN, MARTIN W
999 WASHINGTON AVENUE
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name

ABRAHAM A. GALBUT

Street Address (P.O. Box Number is Not Acceptable)

999 WASHINGTON AVENUE

City

MIAMI BEACH

FL

Zip Code
33139

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGR
STREET ADDRESS GALBUT, ABRAHAM A
CITY- ST- ZIP 999 WASHINGTON AVENUE
MIAMI BEACH FL 33139

TITLE NAME
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CITY- ST- ZIP

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10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 20 PM 1:35



DO NOT WRITE IN THIS SPACE

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