2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000047338 DOCUMENT

1. Entity Name

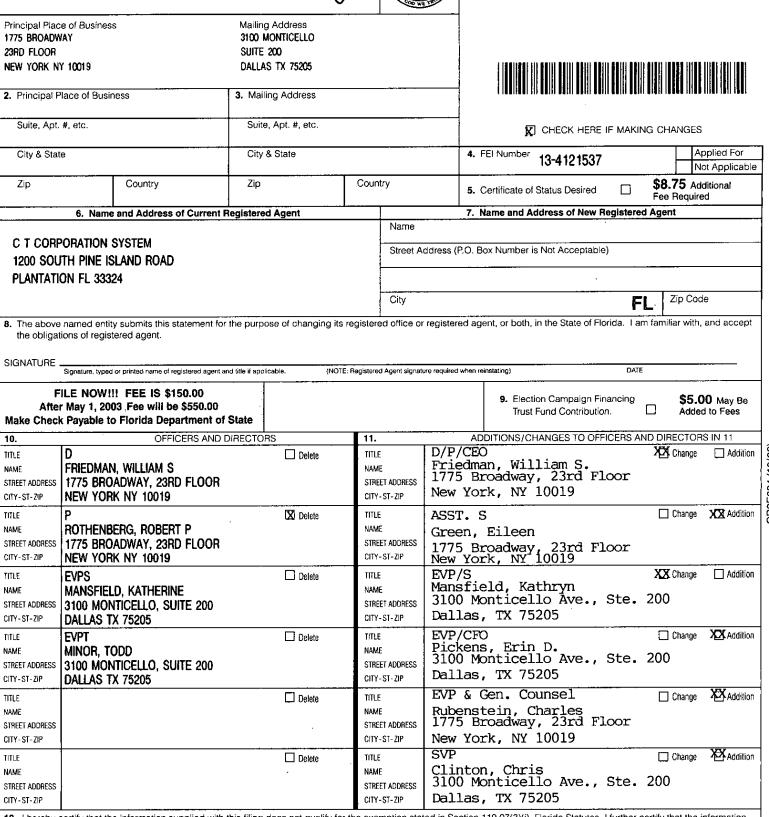
PALM COURT APARTMENT OWNERS, INC.



FILED Mar 14, 2003 8:00 am **Secretary of State**

03-14-2003 90056 023 ***150.00





12. Thereby certify that the information supplied with this filling 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiper or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachme

SIGNATURE

214-599-2293

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # . PQ000047338 1. Entity Name PALM COURT APARTMENT OWNERS, INC.				Sharran		
Principal Place 1775 BROADW/ 23RD FLOOR	AY	Mailing Address 3100 MONTICELLO SUITE 200 DALLAS TX 75205		70054777		
NEW YORK NY	·····					
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State	3	City & State		4. FEI Number 13-4121537	Applied For Not Applicable	
Zip	Country	Zip C	ountry		8.75 Additional ee Required	
	6. Name and Address of Current F	legistered Agent		7. Name and Address of New Registered Ag	ent	
			Name			
C T CORPORATION SYSTEM			Street Addr	Street Address (P.O. Box Number is Not Acceptable)		
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324						
PLANTAIR	JN FL 33324		City	FL	Zip Code	
the obligati	named entity submits this statement for ons of registered agent.	the purpose of changing its regis	stered office or re	gistered agent, or both, in the State of Florida. I am fai	miliar with, and accept	
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Regi	istered Agent signature r	equired when reinstating) DATE		
After	LE NOW!!! FEE IS \$150.00 May 17 2003 Fee will be \$550.00 Payable to Florida Department of	State		9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND D		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIEDMAN, WILLIAM S 1775 BROADWAY, 23RD FLOOR NEW YORK NY 10019	☐ Delete	NAME I	P/P/CEO Friedman, William S. 1775 Broadway, 23rd Floor New York, NY 10019	Change 🗀 Addition	
TITLE NAME STREET ADDRESS	P ROTHENBERG, ROBERT P 1775 BROADWAY, 23RD FLOOR	⊠ Delete	NAME (STREET ADDRESS	ASST. S Green, Eileen 1775 Broadway, 23rd Floor	☐ Change XX Addition	
CITY-ST-ZIP TITLE NAME STREET AODRESS CITY-ST-ZIP	NEW YORK NY 10019 EVPS MANSFIELD, KATHERINE 3100 MONTICELLO, SUITE 200 DALLAS TX 75205	☐ Delete	TITLE I I NAME I STREET ADDRESS	New York, NY 10019	Change	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	EVPT MINOR, TODD 3100 MONTICELLO, SUITE 200 DALLAS TX 75205	☐ Delete	NAME STREET ADDRESS	EVP/CFO Pickens, Erin D. 3100 Monticello Ave., Ste. 20 Dallas, TX 75205	□ Change XX Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DALLAG IN 19209	☐ Delete	TITLE I I NAME I STREET ADDRESS CITY-ST-ZIP I	Rubenstein, Charles 1775 Broadway, 23rd Floor New York, NY 10019	☐ Change ★★ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete .	NAME STREET ADDRESS	SVP Clinton, Chris 3100 Monticello Ave., Ste. 20 Dallas, TX 75205	☐ Change Addition	

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Fiorida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

2/28/03

214-599-2293

Daytene Phone *