

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2009	2010	2011	2012	2013
Capital Expenditures	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
Operating Costs	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
External Revenues	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
Program Income (County)	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
In-Kind Match (County)	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
NET FISCAL IMPACT	<u>X</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____

Is Item Included in Current Budget: Yes _____ No _____

Budget Account No: Fund _____ Dept _____ Unit _____ Object _____
 Program _____

B. Recommended Sources of Funds/Summary of Fiscal Impact:

~~X~~ There is no Fiscal Impact associated with this item.

C. Departmental Fiscal Review: _____

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Development Comments:

[Signature] 5/27/09
 OFMB 5/14/09
 (10) CN 5/12/09

[Signature] 5/28/09
 Contract Development and Control

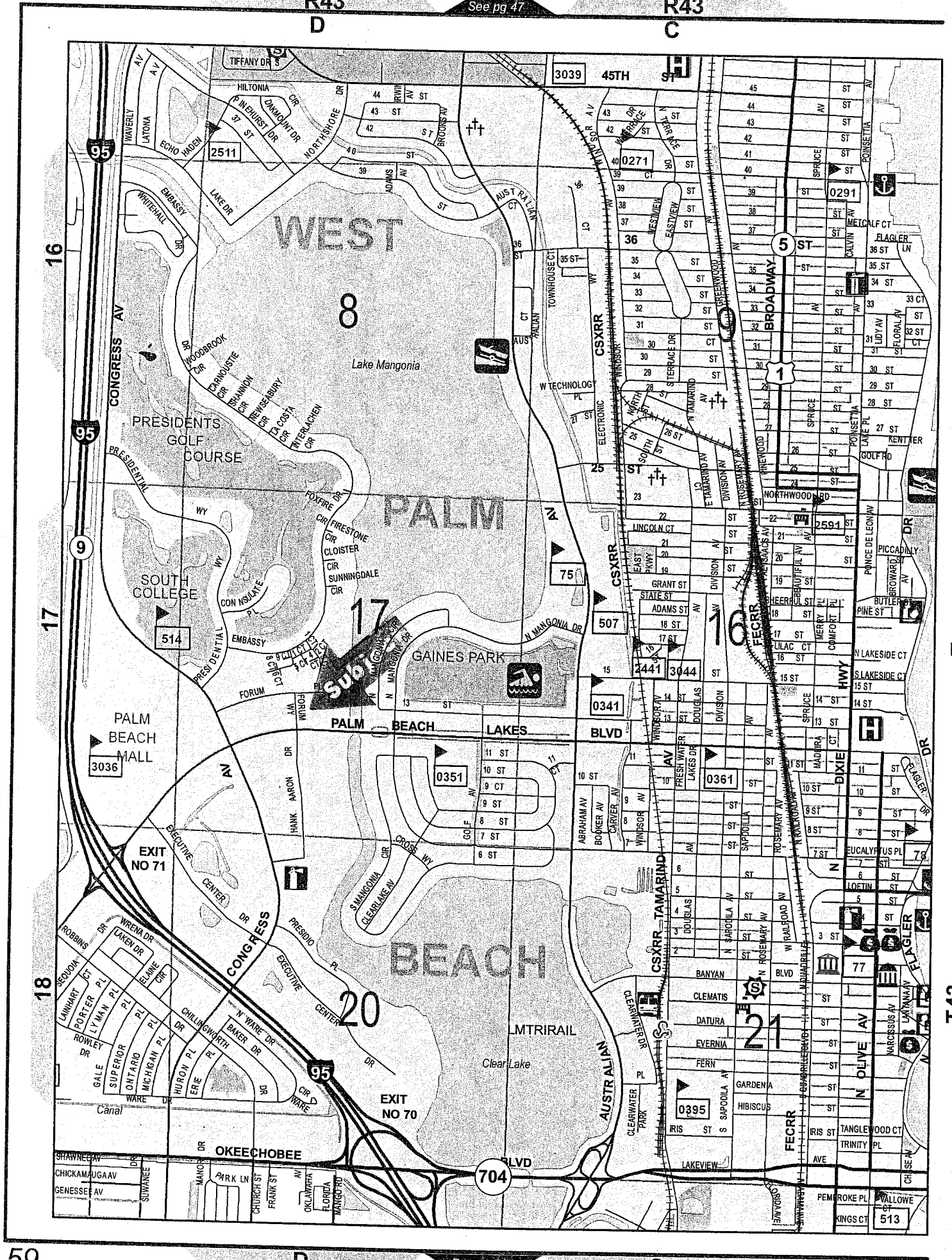
B. Legal Sufficiency:

[Signature] 5/28/09
 Assistant County Attorney

C. Other Department Review:

 Department Director

This summary is not to be used as a basis for payment.



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T43

LOCATION MAP

ATTACHMENT # 1



REGIONS FINANCIAL TOWER

1555 Palm Beach Lakes Boulevard Ste. 1100

West Palm Beach, FL 33401

Ph: (561) 686-1555 Fx: (561) 686-5553

March 19, 2009

Palm Beach County
Property & Real Estate Management Division
2633 Vista Parkway
West Palm Beach, FL 33411

RE: Lease Agreement, R2001-0483 dated April 3, 2001, as amended, by and between Palm Beach County and Edwin Llwyd Ecclestone, Jr. Revocable Living Trust dated January 21, 1981 as wholly restated on September 1, 1998

Dear Tenant:

This letter is being sent in accordance with Section 14.01, Notice and Consents, of the above-referenced Lease Agreement.

Please be advised that E. Llwyd Ecclestone, Jr., individually and as Trustee of the Edwin Llwyd Ecclestone, Jr. Revocable Living Trust Agreement, conveyed the real property, a portion of which is leased to you, to Regions Financial Tower, LLLP, via the enclosed Quit Claim Deed.

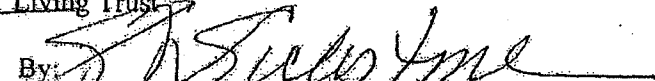
Effective upon your receipt of this notice all future payments due under the Lease Agreement shall be made payable to Regions Financial Tower, LLLP. Furthermore, all future notices and payments shall be mailed to:

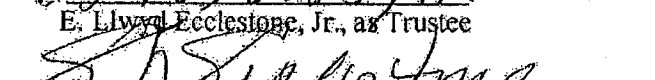
Regions Financial Tower, LLLP
1555 Palm Beach Lakes Boulevard, Suite 1100,
West Palm Beach, FL 33401

Thank you,
Guarantee
Regions Financial Tower, LLLP

Guarantor
Edwin Llwyd Ecclestone, Jr. Revocable
Living Trust

By: 
Andrew Deitz, Property Manager

By: 
E. Llwyd Ecclestone, Jr., as Trustee


E. Llwyd Ecclestone, Jr., Individually

cc: Palm Beach County, Attn: County Attorney, 301 North Olive Ave., West Palm Beach, FL 33401

ATTACHMENT #2



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)
4/20/2009

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

PRODUCER NAME, CONTACT PERSON AND ADDRESS Frank Crystal & Co., Inc. Financial Square 32 Old Slip		PHONE (A/C. No. Ext): 212-344-2444	COMPANY NAME AND ADDRESS Affiliated F & M Insurance Co.		NAIC NO:
FAX (A/C. No.): 212-509-1292	E-MAIL ADDRESS: cooperm@fcrystal.com		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH		
CODE:	SUB CODE:		POLICY TYPE All Risk		
AGENCY CUSTOMER ID #:			LOAN NUMBER	POLICY NUMBER K1290	
NAMED INSURED AND ADDRESS Regions Financial Tower, LLLP c/o The Ecclestone Organization 1555 Palm Beach Lakes Blvd. West Palm Beach FL 33401			EFFECTIVE DATE 4/1/2009	EXPIRATION DATE 4/1/2010	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
ADDITIONAL NAMED INSURED(S)			THIS REPLACES PRIOR EVIDENCE DATED:		

PROPERTY INFORMATION (Use REMARKS on page 2, if more space is required) BUILDING OR BUSINESS PERSONAL PROPERTYLOCATION/DESCRIPTION
See Attached Remarks Section

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE INFORMATION

COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 33,150,000	DED: \$25,000		
	YES	NO	N/A
<input type="checkbox"/> BUSINESS INCOME <input checked="" type="checkbox"/> RENTAL VALUE	X		
BLANKET COVERAGE	X		If YES, LIMIT: Actual Loss Sustained; # of months:
TERRORISM COVERAGE	X		Attach Disclosure Notice / DEC
IS THERE A TERRORISM-SPECIFIC EXCLUSION?		X	
IS DOMESTIC TERRORISM EXCLUDED?	X		\$33,150,000
LIMITED FUNGUS COVERAGE	X		If YES, LIMIT: \$1,000,000 DED: \$25,000
FUNGUS EXCLUSION (If "YES", specify organization's form used)			X
REPLACEMENT COST	X		
AGREED VALUE			X
COINSURANCE			X If YES, %
EQUIPMENT BREAKDOWN (If Applicable)	X		If YES, LIMIT: \$33,150,000 DED: \$25,000
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg			X \$33,150,000 \$25,000
- Demolition Costs			X If YES, LIMIT: \$1,000,000 DED: \$25,000
- Incr. Cost of Construction			X If YES, LIMIT: 1,000,000 DED: \$25,000
EARTH MOVEMENT (If Applicable)	X		If YES, LIMIT: \$33,150,000 DED: \$100,000
FLOOD (If Applicable)	X		If YES, LIMIT: \$33,150,000 DED: \$100,000
WIND / HAIL (If Subject to Different Provisions)	X		If YES, LIMIT: \$33,150,000 DED: \$100,000
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS			X

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE ADDITIONAL INTEREST NAMED BELOW, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

ADDITIONAL INTEREST

<input checked="" type="checkbox"/> MORTGAGEE	CONTRACT OF SALE	LENDER SERVICING AGENT NAME AND ADDRESS
<input type="checkbox"/> LENDERS LOSS PAYABLE		
NAME AND ADDRESS Palm Beach County BOCC Property & Real Estate Mgt. Attention: Director 2633 Vista Parkway West Palm Beach, FL 33411-5605		AUTHORIZED REPRESENTATIVE <i>Frank Crystal & Co., Inc.</i>

ACORD 28 (2006/07)

Page 1 of 2

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ACORDTM CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/17/2009

PRODUCER Doug Jones c/o AJG Risk Management Services, Inc. 8800 E. Chaparral Rd, Suite 230 Scottsdale, AZ 85250	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Oasis Acquisition, Inc. et al Alt. Emp: GENERAL MANAGEMENT SERVICES, INC 2054 Vista Parkway Suite 300 West Palm Beach, FL 33411	INSURER A: Zurich-American Insurance Company	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WC 29-38-687-06	06/01/2008	06/01/2009	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
		OTHER	Location Coverage Period:	06/01/2008	06/01/2009	Certificate#: 08FL075778198 Client#: 5324-1

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

RE: REGIONS FINANCIAL TOWER, LLLP

Coverage is provided for only those employees leased to but not subcontractors of:

GENERAL MANAGEMENT SERVICES, INC
 1555 PALM BEACH LAKE BLVD 11TH FLOOR, SUITE 1100
 WEST PALM BEACH, FL 33401

CERTIFICATE HOLDER

PALM BEACH COUNTY BOCC, PROPERTY & REAL ESTATE MANAGEMENT
 ATTN: DIRECTOR
 2633 VISTA PKWY
 WEST PALM BEACH, FL 33411

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL **30** DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/17/09

PRODUCER 1-561-995-6706
Arthur J. Gallagher Risk Management Services, Inc.
2255 Glades Road
Suite 400E
Boca Raton, FL 33431

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
The Ecclestone Organization, etal
1555 Palm Beach Lakes Blvd.
#1100
West Palm Beach, FL 33401

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: CHARTER OAK FIRE INS CO	25615
INSURER B: TRAVELERS PROPERTY CAS CO OF AMER	25674
INSURER C: TRAVELERS IND CO	25658
INSURER D:	
INSURER E:	

COVERAGES

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INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	6607155L08ACOF	11/01/08	11/01/09	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000								
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	8107155L08ATIL	11/01/08	11/01/09	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$								
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$								
B	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000	CUP7155L08ATIL	11/01/08	11/01/09	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000 \$ \$ \$								
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<table border="1"> <tr> <td>WC STATU-TORY LIMITS</td> <td>OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATU-TORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
WC STATU-TORY LIMITS	OTH-ER												
E.L. EACH ACCIDENT	\$												
E.L. DISEASE - EA EMPLOYEE	\$												
E.L. DISEASE - POLICY LIMIT	\$												
C	OTHER Texas Automobile (Scheduled Autos)	BA7912M956TIA	11/01/08	11/01/09	Limit 1,000,000								

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Ref: Regions Financial Tower, LLLP

CERTIFICATE HOLDER

Palm Beach County, BOCC
 Property & Real Estate Management
 Attn: Director
 2633 Vista Parkway
 West Palm Beach, FL 33411-5605

USA

CANCELLATION *10 day notice for non-payment of premium

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30* DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

David L. Haines

ACORD 25 (2001/08) NaoMcc
11643545

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