

2002 UNIFORM BUSINESS REPORT (UBR)

102

0003731 AV

DOCUMENT # A00000001819
 1. Entity Name
GR ASSOCIATES LIMITED PARTNERSHIP

FILED

02 MAY 22 AM 10:56

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business
**1350 E NEWPORT CENTER DR
 SUITE 206
 DEERFIELD BEACH FL 33442**

Mailing Address
**1350 E NEWPORT CENTER DR
 SUITE 206
 DEERFIELD BEACH FL 33442**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

DUE BY MAY 1, 2002

4. FEI Number **APPLIED FOR**
 Applied For
 Not Applicable

City & State

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
AKERMAN SENTERFITT & EDISON
ATTN: JAMES R. KAY, ESQ.
777 S FLAGLER DR SUITE 900 EAST TOWER
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent
 Name
KAY, JAMES R.
 Street Address (P.O. Box Number is Not Acceptable)
KAY LAW OFFICES
11505 FAIRCHILD GARDENS AVE. SUITE 203
 City **PALM BEACH GARDENS** FL Zip Code **33410**

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 *James R. Kay, President* DATE *5/21/02*
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. **\$990.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
 SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	P00000110840
NAME	GR INVESTMENTS INC
STREET ADDRESS	1350 E NEWPORT CENTER DR SUITE 206
CITY-ST-ZIP	DEERFIELD BEACH FL 33442
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	800005691728--1
CITY-ST-ZIP	06/05/02--01014--008 ****150.00 ****150.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *James R. Kay* RECOMMENDED KASSER 4-25-02 954-428-4561
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)

2 of 2

~~770~~ 678
530,6156

Form **SS-4**
(Rev. February 1998)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

Keep a copy for your records.

EIN _____
OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions) GR Associates Limited Partnership	
2 Trade name of business (if different from name on line 1) Not applicable	3 Executor, trustee, "care of" name Not applicable
4a Mailing address (street address) (room, apt., or suite no.) 1350 East Newport Center Drive, #206	5a Business address (if different from address on lines 4a and 4b) Not applicable
4b City, state, and ZIP code Deerfield Beach, FL 33442	5b City, state, and ZIP code Not applicable
6 County and state where principal business is located Broward County, Florida	
7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ▶ 213-94-0636	

8a Type of entity (Check only one box.) (see instructions)
Caution: If applicant is a limited liability company, see the instructions for line 8a.

<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN)
<input type="checkbox"/> REMIC	<input type="checkbox"/> Other corporation (specify) ▶ _____
<input type="checkbox"/> State/local government	<input type="checkbox"/> Trust
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Federal government/military
<input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ (enter GEN if applicable)	
<input checked="" type="checkbox"/> Other (specify) ▶ Limited Partnership	

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State	Foreign country
Florida	Not applicable

9 Reason for applying (Check only one box.) (see instructions)

<input checked="" type="checkbox"/> Started new business (specify type) ▶ Investments	<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Changed type of organization (specify new type) ▶ _____
<input type="checkbox"/> Created a pension plan (specify type) ▶ _____	<input type="checkbox"/> Purchased going business
	<input type="checkbox"/> Created a trust (specify type) ▶ _____
	<input type="checkbox"/> Other (specify) ▶ _____

10 Date business started or acquired (month, day, year) (see instructions)
December 1, 2000

11 Closing month of accounting year (see instructions)
December

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ **Not applicable**

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) ▶ **Investments**

Nonagricultural	Agricultural	Household

14 Principal activity (see instructions) ▶ **Investments** Yes No

15 Is the principal business activity manufacturing? Yes No
If "Yes," principal product and raw material used ▶ _____

16 To whom are most of the products or services sold? Please check one box. Business (wholesale) N/A
 Public (retail) Other (specify) ▶ _____

17a Has the applicant ever applied for an employer identification number for this or any other business? Yes No

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ▶ **Not applicable** Trade name ▶ **Not applicable**

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year) | City and state where filed | Previous EIN
Not applicable | **Not applicable** | **Not applicable**

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.
By: **GR Investments, Inc., its General Partner** Business telephone number (include area code) **954 428 4585**
Fax telephone number (include area code) **954 360 9430**

Name and title (Please type or print clearly) ▶ By: **Guenther Reibling, President**

Signature ▶ _____ Date ▶ _____
Notes: Do not write below this line. For official use only.

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying