193.75

2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

DOCUMENT # A02000000464

1. Entity Name

GRANDE COURT NORTH PORT ASSOCIATES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 12 PM 12:38

Principal Place of Business	Mailing Address
701 BRICKELL AVENUE, SUITE 1400 MIAMI FL 33131-2822	701 BRICKELL AVENUE, SUITE 1400 MIAMI FL 33131-2822

MOORE CR2E003 (11/03)

2. Principal Place of Business	3. Mailing Address
703 Waterford Way	703 Waterford Way
Suite, Apt. #, etc.: Suite 800	Suite, Apt. #, etc.: Suite 800
City & State: Miami, FL	City & State: Miami, FL
Zip: 33126 Country:	Zip: 33126 Country:

4. FEI Number: 01-0677751 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PITTS, W. DOUGLAS
701 BRICKELL AVENUE, SUITE 1400
MIAMI FL 33131-2822

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable): 703 Waterford Way

Suite 800

City: Miami **FL** Zip Code: 33126

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$15,000.00		

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P02000033077	STREET ADDRESS	703 Waterford Way, Suite 800
NAME	GRANDE COURT NORTH PORT, INC.	CITY-ST-ZIP	Miami,FL 33126
STREET ADDRESS	701 BRICKELL AVENUE, SUITE 1400		
CITY-ST-ZIP	MIAMI FL 33131-2822		
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CITY-ST-ZIP			

STAPLE CHECK HERE

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: _____ Douglas H. Pitts, Treasurer 3/3/04 305-261-4330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER G.C. Northport, Inc. Date Daytime Phone #