

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0004056 AV

**DOCUMENT # A02000001243**



FILED

03 FEB -4 AM 9:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|  |  |
|--|--|
| 1. Entity Name<br><b>SAVANNA'S P.B. PARTNERSHIP, LTD.</b>                          |  |
| Principal Place of Business<br><b>288 SOUTH COUNTY RD.<br/>PALM BEACH FL 33480</b> | Mailing Address<br><b>288 SOUTH COUNTY RD.<br/>PALM BEACH FL 33480</b> |



|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

**DUE BY MAY 1, 2003**

|                                   |  |
|-----------------------------------|--|
| 4. FEI Number<br><b>223871409</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|-----------------------------------|--|

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

**6. Name and Address of Current Registered Agent**

**GILDAN, LAURIE L ESQ.  
GREENBERG TRAUIG, P.A.  
777 S. FLAGLER DR., STE. 300 EAST  
WEST PALM BEACH FL 33401**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

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

City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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. <b>\$1,000.00</b> | 10. Amount of Capital Contributions in FLORIDA to date. | 11. MAKE CHECK PAYABLE TO FL. 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 #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>L02000021077<br/>GC RESTAURANTS, LLC<br/>288 SOUTH COUNTY RD.<br/>PALM BEACH FL 33480</b> |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

| 13. ADDRESS CHANGES ONLY |                                      |
|--------------------------|--------------------------------------|
| STREET ADDRESS           |                                      |
| CITY-ST-ZIP              |                                      |
| STREET ADDRESS           | <b>100011784241</b>                  |
| CITY-ST-ZIP              | <b>02/04/03--01061--003 **141.25</b> |
| 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:** *Maura Williams* **REQUIRED** **1/30/03** **861-832-2799**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)