

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A02000001358

1. Entity Name
GRANT ASSET MANAGEMENT, LTD.



FILED

03 MAY -6 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
137 PERUVIAN AVENUE
PALM BEACH FL 33480

Mailing Address
137 PERUVIAN AVENUE
PALM BEACH FL 33480



2. Principal Place of Business

3. Mailing Address
P.O. BOX 3475

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State
WEST PALM BEACH FL

4. FEI Number
52-2370806

Applied For
Not Applicable

Zip Country

Zip Country
33402-3475 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENRY, THORNTON M
505 SOUTH FLAGLER DRIVE, SUITE 1100
WEST PALM BEACH FL 33401

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

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

DATE

9. Capital Contributions as Shown on record. \$31,079,744.00

10. Amount of Capital Contributions in FLORIDA to date. 31,079,744.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P02000060688
NAME GRANT ASSET MANAGEMENT, INC.
STREET ADDRESS 137 PERUVIAN AVENUE
CITY-ST-ZIP PALM BEACH FL 33480

STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-29-03 957-421-7102

Date

Daytime Phone #

CR2E003 (10/02)

0004038
AV