

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

AV R1C1000

DOCUMENT # A06261

1. Entity Name
GROVE ISLE ASSOCIATES LTD.



FILED

03 FEB -7 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1870 SOUTH BAYSHORE DRIVE
COCONUT GROVE FL 33133-5309

Mailing Address
1870 SOUTH BAYSHORE DRIVE
COCONUT GROVE FL 33133-5309



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

Zip

Country

Zip

Country

4. FEI Number **59-1815380**

Applied For
Not Applicable

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

ROTHSTEIN, LAWRENCE
1870 SOUTH BAYSHORE DRIVE
COCONUT GROVE FL 33133-5309

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. **\$1,000.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **F94000002288**
NAME **COURTLAND INVESTMENTS, INC.**
STREET ADDRESS **1870 SOUTH BAYSHORE DRIVE**
CITY-ST-ZIP **COCONUT GROVE FL 33133-5309**

STREET ADDRESS

CITY-ST-ZIP

600011989896
02/07/03--01076--008 **141.25

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CR2E003 (10/02)

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: *Carlos Comarotti* **4/10/03** **305-854-6803**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #