

2001 UNIFORM BUSINESS REPORT (UBR)

0004878 AF

DOCUMENT # A97000000677

1. Entity Name

G.R. FAMILY LIMITED PARTNERSHIP, LTD.

FILED
01 APR 26 PM 5:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3510 CORAL WAY, SUITE 200 MIAMI FL 33145	Mailing Address 3510 CORAL WAY, SUITE 200 MIAMI FL 33145
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0800300	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

RESTREPO, DARIO
3510 CORAL WAY, SUITE 200
MIAMI FL 33145

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. **\$1,437,000.00**

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 #	RESTREPO, GLORIA
NAME	3510 CORAL WAY, SUITE 200
STREET ADDRESS	MIAMI FL 33145
CITY-ST-ZIP	
DOCUMENT #	HOYOS, CLARA INES
NAME	3510 CORAL WAY, SUITE 200
STREET ADDRESS	MIAMI FL 33145
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	000004194338-9 -05/10/01--01116--018 ***526.25 ***526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	311
CITY-ST-ZIP	518
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: *Gloria Restrepo* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** Gloria Restrepo April 19, 2001 (305) 445-9555
Signature Date Daytime Phone #

CR2E003(11/00)